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Between Ourselves

Second smallest in land area among the provinces of Canada, sea-girt ***Nova Scotia*** sends its message of good will this month through the words of our guest editor, **Kathleen Blanche Harvey,** president of the Registered Nurses' Association. Born in historic Grand Pré — the village that was immortalized in Longfellow's "Evangeline"— Miss Harvey taught school for three years before she entered the Victoria General Hospital, Halifax, to commence her training. Night supervisory duties in the private pavilion there occupied her first few years as a graduate, followed by a period as superintendent of the Soldiers' Memorial Hospital at Middleton, N.S.

Miss Harvey enlisted in the nursing service of the R.C.A.M.C. in 1940. She assisted with the opening of an R.C.A.F. hospital at Eastern Passage, N.S., was on the staff of the Petawawa Military Hospital for two years, then was sent overseas with No. 18 C.G.H. She was awarded the Royal Red Cross for meritorious service. Since her return to civilian activity in 1946 she has been superintendent of nurses at Roseway Hospital, Shelburne, N.S. She was elected to the presidency of the provincial nurses' association in 1951.

For a story of nursing activity in another part of Nova Scotia, read **Catherine M. MacQuinn's** account of her work on Cape Breton Island.

* * *

To all the ***brand-new graduates*** from our schools of nursing, friendly congratulations and a very special welcome to you as you join the nurses from coast to coast as members of a great profession. The practice of nursing provides you with unlimited opportunities for serving your community either individually or in cooperation with the many organized facilities — hospitals, public health organizations, industry, etc.

Graduation day marks a simultaneous ending and a beginning. So far all your study and work has been directed by trained and experienced instructors, head nurses, and supervisors. While these people will still be available for counsel and assistance, your future and ultimate success from now on will, in the main, depend upon how each one of you applies the instruction you have received.

We would urge that you do not allow the vision and enthusiasm of your training days to ebb. If you can keep an enquiring mind through all your life's work, if you continue the study habits you have acquired in three years, you will run into fewer problems in accustoming yourself to changing conditions in nursing. You will find that the whole pattern of your professional life will fall into shape more smoothly. Good luck, graduates of 1952 !

* * *

In cooperation with the high school principals and those teachers who function as girls' counsellors in almost every community nurses are carrying on programs of salesmanship. The product that they are selling is professional nursing. The results are measurable in the increased number of applicants for admission to our schools of nursing. How these numbers have grown is shown in **Margery Walker's** analysis of current figures.

One significant feature of ***student nurse recruitment programs*** is the marked proportion of the enquiries that flow into our National Office from the rural areas. It is obvious that it is much easier and less expensive to the groups responsible for these programs to send speakers to the large urban high schools where the ratio of pupils to nurse-speaker is much greater. Nevertheless, it is a most rewarding experience to have the opportunity of firing the imagination and quickening the interest of girls in the rural areas who normally are not being "high-pressured" by recruitment personnel from other professions. School nurses in rural areas have unexcelled opportunities.

* * *

Special consideration is given this month to some of the problems of ***pediatric nursing.*** **Madeleine Flander** is in daily contact with both undergraduate and post-graduate students so her article on the nursing care of children with acute rheumatic fever is designed to supply the information those two groups will require. **Christina F. James** shows another side of pediatric care in her discussion of the social and emotional factors associated with heart disease in children. **Bernice Haley** gives a neurological twist with the outline of cause, effect, and nursing care in Sydenham's chorea or St. Vitus' Dance.

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Edited by **PROFESSOR F. N. HUGHES**

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Administration — 1 to 3 capsules per day, taken ½ to 1 hour before meals in conjunction with a low-calorie diet.

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Administration — 1 tablet or 1 teaspoonful 3 times daily a half-hour before meals and 1 or 2 tablets or teaspoonfuls at bedtime.

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Manufacturer — Eli Lilly and Company (Canada) Limited, Toronto,

Description — Ampoules containing synthetic vitamin B factors and synthetic ascorbic acid in sterile distilled water. Appropriate stabilizing materials are used and phenol is employed as a preservative. No dilution is necessary.

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Administration—1 to 3 tablets (10 to 30 micrograms vitamin B_{12}) daily. Larger doses can possibly be given with benefit.

The 10th annual convention of the Canadian Society of Radiological Technicians will be held in Calgary, September 3-6, 1952. In order to attain the high standard of previous conventions, the various committees of the Alberta Society of X-Ray Technicians have been hard at work for many months developing an interesting and instructive program.

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Even the youngest infants—prematures as early as 1 week after birth — digest the nutrients of Swift's Meats for Babies as well as those of milk! *Sisson, Emmel and Filer, "Meat in the Diet of Prematures," Pediatrics, 7, 89, (1951).*

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A formula of Swift's Meats for Babies enriched with minerals, fat and carbohydrate offers an effective milk substitute for infants allergic to milk. *McQuarrie and Ziegler, "Nutritive Value of Mineral-Enriched Meat and Milk," Pediatrics, 5, 210, (1950).*

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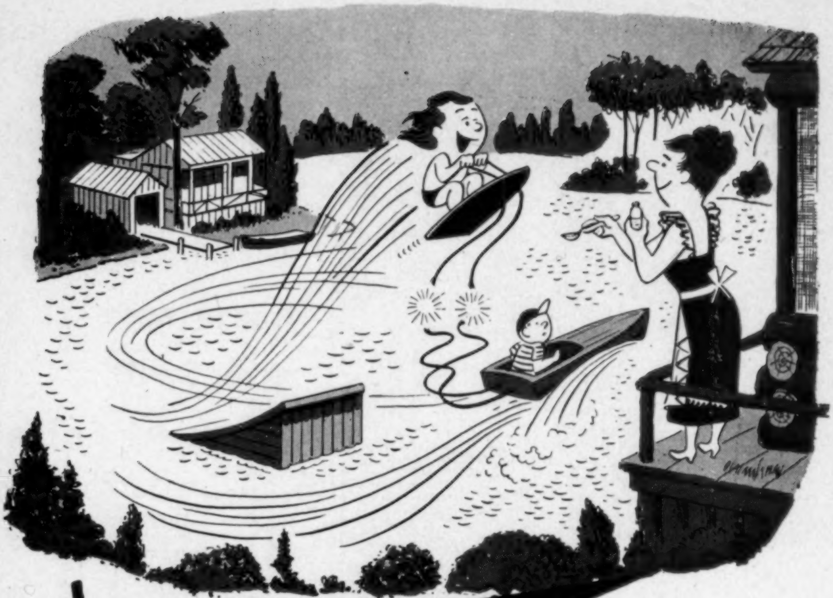

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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-EIGHT *NUMBER SIX*

MONTREAL, JUNE, 1952

Greetings from Nova Scotia

TRADITION has it that the first Europeans to set foot on this peninsula that is now known as Nova Scotia were the Norsemen who ventured south from their settlement in Greenland nearly a thousand years ago. No vestige of their visit remains, nor of the call paid by John Cabot who, under authority of Letters Patent issued by King Henry VII of England, planted the British flag on these shores in 1497. Cabot's name is perpetuated in the scenic drive on beautiful Cape Breton Island.

Nova Scotia was not colonized by the white man until 1604 when Sieur de Monts of France sailed up the Bay of Fundy into the Annapolis Basin and founded a settlement—the Habitant of Port Royal. There, to pass the long winter days, Samuel de Champlain and de Monts instituted the famous "Order of Good Cheer"—the first service club of North America.

Port Royal, now Annapolis Royal, was settled by the French and one bastion of the original fort still remains. History tells us that one of the first hospitals in North America was built in 1629 at Port Royal. This building was 18 feet by 25 feet, with eight beds. The sick of the garrison were cared for by the army surgeons. Conditions were described as very bad.

On Cape Breton, Louisbourg, strongly fortified in 1713, was the "Gay Paris of the New World." About 1716 a hospital was built from funds given to three Brothers of Charity to care for the sick of the garrison and the community. This hospital occupied a whole city block, with four main wards and a number of private rooms. It had a capacity of 104 beds. Since the renovation of this historic site, the outline of the hospital may now be seen. The original plan, in the National Library in Paris, does not show any method of heating but we presume fireplaces were built. The army surgeons made daily visits and supervised the rations issued to the patients. Considering the diets of today, it is interesting to note that, regardless of the disease, the weekly rations were: one and one-half pounds of fresh bread, three quarts of wine, one-half pound of fresh meat, one-quarter pound of lard, one-quarter pound of prunes, one ounce of sugar, two ounces of rice, one ounce of butter, and a fowl.

The hospital was financed by the payment of port dues in the form of 10 pounds of codfish delivered daily from each vessel in port. This fish was sold to the local inhabitants or used as payment for services performed.

In 1621 the first attempt was made to found a British settlement. King James I created the "Baronets of Nova Scotia." To confer this honor, a spot of ground near the entrance to Edinburgh Castle is forever Nova Scotia. In 1625 a royal coat of arms was granted, from which is derived our flag. This old province has the proud distinction of being the first province of Canada and the first colony of Great Britain to possess a flag of its own.

Since those early days what progress has been made! Halifax, founded by Lord Cornwallis in 1749, has come a long way from the Almshouses to its present modern, well equipped hospitals. Today there are 33 general hospitals throughout the province, 15 of them with schools of nursing. As early as 1890 one of the hospitals was accepting male students for the nurse's training. Last year there were some 840 students enrolled in our schools. Psychiatric training and experience are available.

There are 13 Red Cross Outpost hospitals ready to provide much needed care for the sick in isolated rural areas. The provincial Department of Public Health has expanded its hospital facilities and now provides free treatment for tuberculous patients. Public health nursing is an active part of the provincial program, with health units already established in several areas.

Today there are nearly 2,000 registered nurses providing expert care to the populace. It was estimated in 1950 that the ratio of registered nurses to the total population was 1:390. Included in the roster of registered nurses are some 86 male graduates.

The pioneer nurses of Nova Scotia laid their plans well and truly. They organized the first provincial Graduate Nurses' Association in Canada in 1907. This body was incorporated in 1910. Because of their vision and foresight, we now enjoy the benefits and privileges that an actively functioning association bestows. Our schools carry on the great teaching tradition of "the Lady with the Lamp." As our profession takes its place — provincially, nationally, and internationally — to meet the challenges that constant changes and increased demands for service bring, Nova Scotia nurses are united in their desire to play their part with the same courage and devotion as the pioneers.

KATHLEEN B. HARVEY, R.R.C.
President, Registered Nurses' Association of Nova Scotia.

Beatitudes of a Leader

Blessed is the leader who has not sought the high places but who has been drafted into service because of her ability and willingness to serve.

Blessed is the leader who knows where she is going, why she is going, and how to get there.

Blessed is the leader who knows no discouragement, who presents no alibi.

Blessed is the leader who knows how to lead without being dictatorial; true leaders are humble.

Blessed is the leader who seeks for the best for those she serves.

Blessed is the leader who leads for the good of the most concerned and not for the personal gratification of her own ideas.

Blessed is the leader who develops leaders while leading.

Blessed is the leader who marches with the group, interprets correctly the signs on the pathway that lead to success.

Blessed is the leader who has her head in the clouds but her feet on the ground.

Blessed is the leader who considers leadership an opportunity for service.

— *Author Unknown*

The Nursing Care of Children with Acute Rheumatic Fever

MADELEINE FLANDER

THE CARE OF CHILDREN with acute rheumatic fever aims at fostering maximum therapeutic benefit and, at the same time, permitting optimum emotional and social growth. Thus the patient may be returned to life in the family and community, with the minimum amount of physical disability and a maximum ability to adjust to the life which lies before him. To promote maximum therapeutic benefit, the nurse must have knowledge about the disease and the treatment which is being used. She then can plan for the physical care of her patient, much of which is hygienic and symptomatic.

Let us examine the nursing care which is based upon an understanding of growth and development of the individual. The manner of admission of the child to the hospital and to the ward is important. In general, we might say that we should provide an environment that is set up for children — a quiet, unhurried atmosphere — and a staff who know children and who are interested in human factors.

The admission to the ward itself should be leisurely with everything possible being done to assure parents and child that competent, understanding people are in charge. The nurse should enquire of the parents what their preparation of the child has included. If they have done nothing, they should be advised to explain to the child, before they leave, that he is to remain in hospital for a time, that they will come to see him periodically and to take him home when he is well. The nurse must establish good relationships with the child and his parents. At present, the treatment of the rheumatic child suggests that the nurse will be associated with the child and the parents for many months and, in some instances, for many years. An honest, friendly, mutually-respectful association will increase the child's chances of recovery.

PLANNED ACTIVITY

Rest remains an important part of therapy. The provision of comfort in bed, with everything in the immediate environment conducive to rest, ensures a cooperative patient in the acute phase of the illness. But for the convalescent or chronically ill patient, the actual amount of rest required is difficult to ascertain. For these children who do not feel sick, activity is more easily controlled through planning for it. Put it another way — rest is more easily provided through planned activity. Small groups tend to lessen excitement and to facilitate control. Trained handicraft workers, recreational leaders, and school teachers are needed but the nurse still must carry some of the responsibility. It may be necessary to establish regular rest periods and graded activities upon a basis of the patient's progress. If so, it is obvious that, in institutional care of these children, we need space for careful and adequate segregation into small groups. We also need rooms for eating, play, and working activities; for rest and sleep.

It is impossible and undesirable to plan activity for every waking moment of the day. Leadership from the nurse is essential for the control of behavior in free periods. This is opposed to oppressive methods of attempting to maintain a stern discipline which produces strain, hostility, and outbreaks of uncontrolled vigorous activity.

NUTRITION

The maintenance of good nutrition is essential to recovery. There may be specific medical orders for the acutely ill patient or for the patient with chronic heart disease and its complications. These patients are the smaller

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Miss Flander is educational director, Children's Memorial Hospital, Montreal.

number of those under treatment. The greatest problem is with those children whose convalescence is a matter of several months. Maintenance of nutrition in the presence of infection, with its associated poor appetite, may be difficult. Certain general principles may be stated:

> Avoid routine menus. Provide a choice of essential foods daily. Serve foods in small amounts. Provide as many refills of a desired food as possible. Remove all adult interference with child's selection, either direct or indirect. Record actual intake over a period of time in individual instances. Provide surprises, treats, and parties for variety.

FEARS

It is important that the patient knows what is happening to him. Obviously, the knowledge should be given to him at his level of understanding.

He should not be exposed to incomprehensible, scientific discussions about the disease, his condition, his progress, and his prognosis. Even when these discussions do not refer directly to himself, fears and apprehensions are acquired by the child as subsequent conversation with him will reveal. Rooms should be provided for staff discussions and these should replace bedside rounds.

Fear of death is very prevalent among children with heart disease and the management of the situation, when a patient becomes very ill and death threatens, presents a very difficult problem. It has been found that even the removal of the gravely ill child to another ward does not solve the problem, for news seems to travel through the very air and sometimes that news is gruesomely distorted. Teaching of ward personnel, such as orderlies and maids, is extremely important in this regard.

AFFECTION

Children of all ages need affection. This means a feeling of being liked and wanted, of belonging to someone who cares, of being accepted as a worthwhile individual despite all of the foibles which go to make up a personality. It is of the utmost importance that the nurses, the therapists, and the social worker establish themselves on an honestly friendly basis with the child. An air of remote efficiency or forced, insincere friendliness has no place in the care of these patients, if we hope to be able to understand the individual and his family.

SECURITY

All children need security, not only that which is derived from affection but also that which comes from an established order in daily living. A minimum number of essential rules should be provided with due reference to medical orders and with considerable regard to the child's stage of delopment. Unreasonable routines and restrictions should be avoided and, when possible, the child's understanding and suggestions sought. Security and satisfaction are also derived from purposeful and productive activity which will be supplied by the nurse as well as by the occupational and recreational therapists and the school teacher. Encouraging the child to assume responsibility for self-care as the condition improves is important.

FAMILY BOND

While in an institution, a child must feel sure that his position within the family and his ties with the family will be maintained. Visiting probably should be on an individual basis with consideration of the special requirements of each child. Hard and rigid rules regarding visiting privileges may be damaging. All parents need some help in readjusting to the changed conditions which the illness brings about. There are many instances when the parents need help so that their visits may not add to the child's anxiety.

GROWTH AND EDUCATION

Older children need opportunity to form close relationships with each other as well as with adults. Adolescents need friendships with children of the opposite sex and are frequently in need of sex education and interpretation of the changes due to maturation. Regular schooling should be maintained. Certainly persons who are faced with the prospect of cardiac disability need vocational guidance and education. The last need, and it is by no means least, is for consideration of their spiritual development. The hospital chaplain is most helpful here.

Emphasis has been placed upon the treatment and care of children who require hospitalization or therapy for a period of time which is longer than the average. It does not differ, essentially, from the care that is needed by any child of this age group, who is suffering from any disease, requiring a comparable length of time for treatment.

A Typical Day

I have outlined, in a very general way, the needs of the institutionalized child. We find the head nurse in a very complex situation. She administers a service which demands more than she can provide alone. She must have other therapists within her unit. A typical day on a ward where these children are receiving treatment and care necessitates planning to include:

Time for physical care, taking temperatures and pulse rates.

Time for meals.

Time for required rest periods.

Time for planned recreational and occupational activities and for school.

Time for free play.

Time for staff conferences.

Time for administering treatments, medicines, and collection of specimens for laboratory investigation.

Time for physiotherapy treatments.

Time for visits of the social worker.

Time for visits of parents and for conferences with them.

Time for conferences between parents, doctors and nurses, and other personnel.

In addition, this head nurse must understand what each therapist is trying to accomplish with each child. She must understand each child and his needs. She must teach and interpret the whole unit to the nursing students for whom she is responsible. She must possess great organizing ability and human sympathy to accomplish such a tremendous task.

Eventually, each child will reach a point when hospitalization will no longer be necessary and he will rejoin his family and return to the community. Rehabilitation has been initiated but not completed. Physically, mentally, and emotionally he is ready for discharge. Through the social worker the social aspects of the home have been studied and plans made. Each worker — the doctor, the nurse, the nutritionist, the social worker — will play a part in teaching the parent and child regarding the needs during treatment and convalescence at home.

It is obvious, through this discussion, that there is a great need for good pediatric nurses in our hospitals. The need for good pediatric nurses in the community is no less. The care of children during a long illness and extended follow-up period may be quite unsatisfactory without nurses who understand children and their needs.

Degree Course for Graduate Nurses (B. Sc. N.)

Commencing with the session 1952-53, the University of Toronto offers a degree course for graduate nurses.

The course will cover three academic years and will provide study in the humanities, in the sciences, and in professional subjects. A field of professional specialization will be selected by the applicant.

The entrance requirement is Grade XIII in Ontario or its equivalent and graduation from an approved school of nursing.

For further information write to: *The Secretary, School of Nursing, University of Toronto, Toronto 5, Ont.*

The blind person, among his many skills, is trained to dial the telephone without, of course, seeing action. Sighted persons would be well advised to acquire this ability for use in case of emergency, such as failure of electric light. In addition, police, fire, and doctor's telephone numbers should be memorized.

Social and Emotional Factors Associated with Heart Disease in Children

CHRISTINA F. JAMES

MOST OF THE PROBLEMS which occur in relation to children with heart disease—either congenital or resulting from rheumatic fever—are common to all children with chronic illnesses or those facing serious surgical procedures. However, in both the children and the parents there is probably more fear when the condition is centred in the heart. For this reason a high percentage of these patients is referred to a social worker by doctors or nurses for individual help.

Both parents and children need much interpretation of the child's condition, of the recommended treatment and all the hospital procedures. This is sometimes even more necessary when the child has overheard the professional or teaching staff discussing his case and—not usually understanding very much but catching frightening phrases or words—he becomes very apprehensive. I would like to quote from an article in this connection. The following conversation was overheard by an attendant at a convalescent home for children. These children, aged about 8 years, had had long periods of hospitalization and had moderate to severe heart damage:

> *Nancy* (speaking to her doll with affected sweetness): Now you'll be taken to the hospital, honey. It's just lovely at the hospital.
>
> (Cynical, derisive laughter from the other three girls.)
>
> *Mollie:* Does your baby know how sick she is?
>
> *Nancy:* Of course not, we never tell her that.
>
> *Grace:* It doesn't matter what we say in front of these babies. Babies don't understand.

This not only illustrates the dangers in discussing the condition in technical terms in front of the child but the necessity of explaining it in simple terms to even quite young children. A good deal of interpretation must be given to parents in this regard, especially concerning the necessity for hospitalization. Nurses all have seen the traumatic effect on children when the parents have shirked their responsibility in telling them the truth about admission to hospital. Sometimes the parents appeal to the professional staff to explain the illness or the proposed surgery to the child as they feel inadequate. As one mother said to a worker, "You tell him. You know how." At this point, I will tell you more of this young patient as his case illustrates many points.

Jacques, aged 12, the eldest of five children, living on the outskirts of a small town about 50 miles from Montreal, was referred to clinic by the Junior Red Cross with a report that, when a baby, he had been found smothering under a pillow. The family doctor stated that his heart was swollen and would either come back to normal or he would die at about 13 years. The doctor recommended admission for investigation of a possible Tetralogy of Fallot and the question of operation. He explained all this to the mother who was very disappointed that her child could not be treated with medicine.

The social worker talked with her at this time, corresponded with her and had numerous other interviews. The mother gradually brought out her fears and her guilt about the incident of the pillow. She wept and said it was the first time she had talked to anyone about the way she really felt. The worker asked the doctor to give more medical interpretation especially in regard to the condition being congenital.

The mother brought up the question of

Mrs. James is director of the Social Service Department, Children's Memorial Hospital, Montreal.

finances as a reason for not agreeing to admission. The aid of the Junior Red Cross was secured. If the worker had accepted this as the only reason the mother probably would have found other objections. By bringing out the real reason, her guilt and fear could be dealt with and she could agree to admission and operation.

Continual contact had to be kept with the parents and with Jacques while he was on the ward. He was given a simple interpretation of the heart catheterization and the operation. The parents suggested that he should see a priest and the worker explained the situation to the priest before he saw the child in order to make this contact a constructive one. Long distance calls to the parents following the operation relieved their anxiety.

When the doctor found that the operation had not been entirely successful and that another might be attempted, he enlisted the aid of the worker in helping to explain this to the mother. She wanted to take the child home and to decide later. The professional staff supported her in this and assured her that Jacques would be accepted back when she was ready to bring him.

This case illustrates clearly the need for allowing parents to express their fears in an atmosphere conducive to confidence. It also shows how unnecessary anxiety on the part of the patient may be prevented by explanation of procedures before they take place. Nurses are aware of these needs but can hardly give such intensive care to each patient and parent who needs it.

This case also shows what can be done in preparing a chaplain to see a child before operation. Probably, if it is not already provided for, this should be done in a much more organized way as not all patients are known to a social worker and an unprepared chaplain could find himself unwittingly adding to a child's anxiety about his condition or could give him false security.

It is for the same reason, of course, that the social worker in the hospital must keep herself informed about the patient's condition by frequent consultation with the doctors and nurses. She must also share her knowledge of the social factors with the rest of the team at ward rounds, staff or individual conferences.

The story of Jacques stresses the value of casework with the parents. The next three illustrate more work directly with the child, though the parents are always included.

Mary 17, Gisèle 16, and Felice 15, have all had fears though not in proportion to the amount of heart damage resulting from rheumatic fever. All have been in and out of hospital for a number of years and attend clinic between times. They have been known to the social service department for about three years and have been followed closely. Mary comes from a home where there is no financial problem, where the relationships are excellent and where the child is very much loved. She suffers from chronic heart disease with auricular fibrillation. The prognosis is poor. She has been treated at hospital since the age of three and gets real support from nurses and doctors in clinic and ward where she spends a good deal of her time. Mary has expressed fear of death but what seems uppermost in her mind is a feeling of inadequacy. Everyone does things for her and she contributes nothing. The worker has tried to show her how the love between herself and the members of her family is a positive thing. She has also arranged for Mary to do some sedentary work for the occupational therapy department.

Gisèle's situation is entirely different. She, too, has been in hospital a number of times but the heart damage is moderate and she is able to lead a fairly normal life. She attended the School for Crippled Children. Later she went to work in domestic service where the employer was very understanding. Gisèle's parents are separated and both reject her. She has lived with one and then the other but really has no home. On several occasions Gisèle went to the school nurse or to the hospital saying that she was dying. One can easily see the relationship between the lack of normal family security and the fear of death when attention has been so much focused on the heart by hospitalization. The social worker had little success in efforts to work with the parents and has concentrated on the child — has taken the place of the mother on such occasions as when attendance at gynecology clinic became necessary — has advised about work and recreation. Close teamwork with the doctor and nurses has been needed to relieve Gisèle's fear of dying but it is interesting to notice how this has diminished since she found a congenial place to live and work and someone to confide in when crises arise.

Felice's case illustrates another kind of behavior. She is the aggressive, unruly type of patient, always causing trouble on the ward — ungracious when staff members try to help her and pretending that she doesn't care about anything. When at home, she will not obey her mother and terrifies her by overactivity. She has suffered considerable heart damage and the prognosis is poor. She will not be able to do anything but very sedentary work. Felice's parents are separated and the mother has a very difficult time looking after five children, of whom Felice is the eldest. They live in three rooms in a damp, dark flat in the back of a courtyard. A family agency has helped from time to time and the mother has done day work to supplement the father's pay of $16 a week.

When first known to the Social Service Department three years ago, it was decided to send Felice to a convalescent hospital for children because of the poor housing and because the child seemed to have no understanding of her illness. Later when she was admitted to hospital with recurrence of the infection, the worker tried to get to know her better and to understand her behavior. It was decided to consult a psychiatrist and, while giving him information, the mother revealed that Felice was conceived before the marriage of her parents. It was clear that the mother felt very guilty about this and that her self-blame contributed to her overprotective attitude and strained relationship to the child.

Tests showed that Felice had normal intelligence and the psychiatrist helped the worker in planning how to deal with the mother and child. The worker understood that Felice's behavior was the result of her insecurity in regard to her mother's feeling towards her. When Felice returned home, the family agency gave financial assistance, the occupational therapist visited, and the social worker had frequent contacts. The mother tended to deny the heart damage and to be overhopeful of improvement but the girl's relationship with the mother improved until she could get relief by discussing her fears. These became acute on the death of a friend at the School for Crippled Children and later when Felice had to be hospitalized she became terrified, demanding to be put in the oxygen tent every night.

The worker has been able to help Felice to see that she *is* different from well children and must find other interests. Once she accepted this, Felice became really interested in craft work for which she had shown an aptitude long before. She also gets a good deal of understanding help from the school and, of course, from the nurses and doctors who are aware of the social factors. Felice's problems are such that the continued support of the whole team will be needed as long as she lives.

Felice's case illustrates the use of community resources — the family agency, the specialized school, the home occupational therapy service, and the psychiatrist. It also shows, as does the case of Gisèle, how the team in the hospital must supply affection and understanding support when parents are not capable of this.

Many parents are very adequate in normal circumstances but need help when faced with such serious diagnoses. The role of hospital personnel is then largely one of teaching and helping with environmental adjustments. The aim of the team is, in every case, to help the child to lead as normal a life as is possible within his physical limitations and to help the parents to find the balance necessary between neglect of a very real disability and overprotection.

A jar of barley which had been put in the tomb of King Tutankhamen over 3,300 years ago was tested by the Cereal Research Laboratories. They found that the barley still contained two important vitamins — riboflavin and niacin — at 30 per cent of the strength of freshly harvested barley.

—*Wampole's Dealer Helps*

Chorea

BERNICE HALEY

SYDENHAM'S CHOREA or St. Vitus' Dance is a brain inflammation of infectious origin—considered by some to be a cerebral manifestation of rheumatic fever. The disease is found chiefly among highly strung, excitable, nervous children, particularly those between the ages of 7 and 13 years. Girls are more frequently affected than boys and chorea is common in the spring and fall months.

Stress of education has been thought to be a contributing factor as many of the children affected by the disease are ambitious, hard-working, and usually bright pupils. Fright and mental worry, trouble, sudden grief or scolding may all be exciting causes. The disease may develop after tonsillitis, scarlet fever, infected ears or teeth, or it may follow injury or slight surgical operations.

Chorea is characterized by small, hemorrhagic processes in the basal ganglia. The basal ganglia or corpus striatum is a mass of gray matter in the floor of the lateral ventricles of the brain. It functions as a relay station between the cerebral cortex and other structures at different levels in the nervous system. Thus the patient may be incapacitated by various combinations of paralysis and tremor.

The onset is usually gradual. The mother may notice first that the child will drop things from his hands. He may stumble about with a peculiar, ataxic gait. His face and tongue may twitch, making speech difficult, or he may become unusually sensitive, irritable or fidgety. There may be extreme generalized weakness.

Gradually movements become more frequent, more extensive, and finally are continuous. Muscles of the face and limbs are especially involved—the upper limbs usually more than the lower. Movements are jerky and twitchy even when the child is at rest. These irregular, purposeless, uncontrollable motions are intensified when the patient tries to do anything. His motions are clumsy. Movements may be so violent that the entire body is in constant motion with hands and arms thrown wildly about, head moving ceaselessly, and the patient turning and twisting in bed. In some cases only the muscles on one side of the body are affected.

The pulse is usually accelerated. Temperature may be elevated or normal. The symptoms may continue from six weeks to six months and then subside. There is a tendency to recurrence within a few weeks to two years. Most cases are mild and the prognosis is good.

An electroencephalogram usually displays slow waves if pathology is acute and diffuse. Nothing unusual may be presented in lesions involving only the basal ganglia. Electromyograms are useful in showing the relation of active currents to movements. Diagnosis can usually be made from symptoms and history in each case.

Treatment consists of several factors:

1. *Rest*: The patient should be put to bed and kept there for several weeks until all involuntary movements have ceased. The sides of the crib or sideboards on the bed should be well padded to protect the child from injury. Occupational therapy which does not require much muscle activity should be employed to keep the child happy and contented as the convalescence is long. During the acute stage, the patient should be fed by the nurse. Many doctors favor isolating the patient in order to restrict visitors who might excite him and also because other children sometimes tend to imitate the movements of a playmate who has chorea. Recovery is slow and exercise should be curtailed during convalescence. The strain of school work should be withheld for a long time.

2. *Drugs:* Bromides and luminal are

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valuable sedatives. Nirvanol is a drug which has been used in treatment but, since it causes elavation of temperature, rash, and mental dullness leading to stupor, it must be used cautiously and only in the hands of an experienced physician. Salicylates are used if chorea is associated with rheumatic fever. The patient should be watched for signs of gastric distress and nausea when large doses of salicylates are administered. Foreign protein therapy such as typhoid vaccine intravenously (sufficient to give patient 6 to 12 chills) may shorten the duration of the attack. Tonics should be given to keep up his general condition. Fowler's solution is frequently given for short periods of time.

3. *Fever induction:* Physically induced fever by electrotherm methods has been recommended and it has been shown possible not only to abolish the distressing symptoms, but also to overcome other manifestations of the rheumatic state by this method. Twenty-four hours of maintained fever at 105° F. (rectal), administered in 2½ to 3-hour sessions daily and repeated every 3 to 4 days for 4 or 5 treatments, has been advised as minimal treatment by Dr. W. Kendall in the book "Handbook of Physical Medicine and Rehabilitation." Air-conditioned cabinet or cabinet in combination with shortwave diathermy device may be used.

4. *Diet:* It should be nutritious with plenty of carbohydrates, vegetables, and proteins and large quantities of milk, fruit, and vegetables. Plenty of water to drink is essential. This may be given as lemonade or orangeade for variety. Following fever therapy, plenty of fluids and salt solutions should be administered to overcome dehydration and chloride depletion. Patients should have no tea or coffee.

5. *Medical treatment:* Focal infections such as infected teeth, tonsils, and ears should be treated.

6. *Nursing care:* Patients should have a warm sponge bath daily and warm nocturnal baths. Special care should be given to prominences such as elbows and knees.

If the skin is excessively dry or if there is a marked weight loss, a daily oil massage may be ordered to improve the nutrition of the skin.

With proper nursing care and medical attention, the child should have a complete recovery with no complications.

The room should be kept warm, well ventilated, well lighted, and quiet. Keep the patient's bowels open by giving mild laxatives and enemas. If fever is induced, have an intravenous tray prepared with typhoid vaccine, adrenalin, and simple stimulants. Additional sedatives should be available. Temperature, pulse, and respiration should be taken every four hours and any abnormal changes should be immediately reported to the doctor.

COMPLICATIONS

1. *Heart conditions*—valvular heart disease, pericarditis, or endocarditis leading to mitral stenosis are all serious complications.
2. *Rheumatism*—This may precede chorea or may occur during an acute attack.
3. *Abortion*—During pregnancy women who have had chorea previously may have a recurrence resulting in spontaneous abortion.

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Some Notable Firsts in Canada

First student to graduate in medicine: William Loggie at McGill University in 1833.

First railway started operating in 1836 with one engine and four passenger coaches.

In the first election in the sparsely settled northwest, held in 1894, blank white ballots were used. Because most of the voters were illiterate, colored pencils were supplied and the voter marked his ballot with a cross in the color of his choice.

Lyle Creelman *Writes* . . .

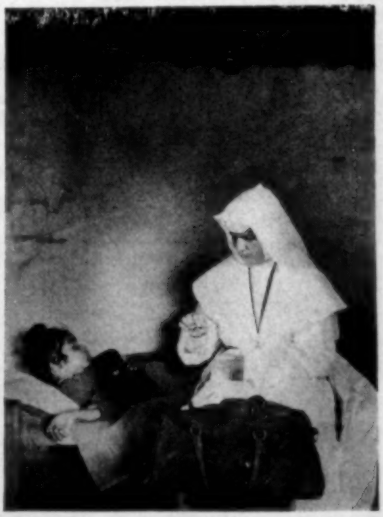
ABOUT ONE YEAR AGO I wrote in these columns concerning the work of nurses in the WHO malaria teams. That was done from an armchair in Geneva. Recently, when I actually visited such a team in India, I was mildly chided and told that I had not done justice to the work of the nurse and the team. Now that I have seen them in action, I agree.

Very early one morning, Miss Pederson, the Regional Nursing adviser, and I set out by car from New Delhi for the 170-mile drive to Haldwani, situated in an area known as the *Terai*. Terai means "wet" which is a clue to the fact that this is an area that is potentially malarious. Unfortunately there are many such areas in India. Most of them are still heavily infected.

I wish I had the gift of words to describe that trip so that, in your mind's eye, you could see the fascinating sights along the road. Bullock carts and tongas, both drawn by horses and by men on bicycles; men in native costumes and in western garb; women in saris and in the colorful and voluminous skirts worn by the villagers; camels drawing carts specially built for their height; camels and bullocks propelling a shaft attached to buckets dipping into a well, going around and around in a never-ending circle so that the land, producing the crops of wheat, rice and mustard, might be irrigated. When we stopped in the shade of a tree for morning coffee from our thermos a large family of inquisitive monkeys gathered. They approached so close that I took refuge in the car. One old fellow was definitely not of the friendly type.

We were met by the team leader, Dr. Issaris, and the nurse, Miss Dannes, who had driven in their big truck to the edge of their 1,750 square mile tract. We visited two of the four clinics which they have established in villages and went into some of the mud homes. A characteristic of Indian people in general and of villagers in particular is their friendliness. There is never any question as to whether one or more people should accompany the health visitor (in this country a midwife with special training at a health visitors' school) into the home. The visitors are immediately surrounded by the family and the neighbors — what countless opportunities for group teaching!

We visited one home to see a young Hindu mother and her ten-day-old baby. The mother was holding the baby and sitting on the mud floor of the small courtyard. In the orthodox Hindu homes the mother is kept isolated in the house for anywhere from 14 to 40 days after the birth of her child. This home was not quite so orthodox. I was even permitted to take a picture of the mother and babe after the grandmother had been con-



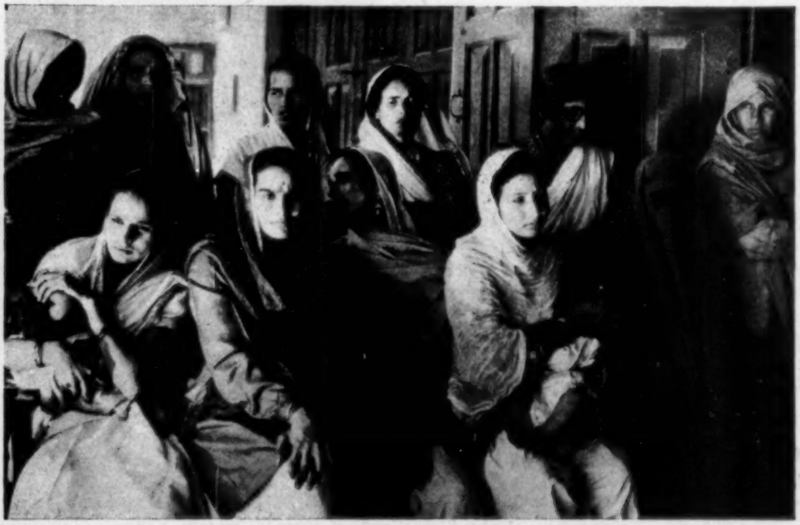
Nurses from a rural mission work with the malaria control team. Note the grass roof.

sulted and had agreed. As this was a first baby the young mother — she looked no more than 15 but said she was 20 — had returned to her own home for this confinement. Incidentally this enforced isolation at childbirth has its values. It enables the woman who normally works long hours and who carries heavy loads on her head to have a period of rest. It also keeps the baby from contact with many diseases and infections during these first weeks of life.

There are customs also which try the patience and ingenuity of the malariologist in his attempts to control the disease-carrying mosquito. In this area the monsoons come about mid-June and last until the end of September. Spraying with D.D.T. must be completed before the monsoons start. To prepare for the rainy season the villagers repair or replace their grass roofs. The cow dung fuel cakes, that have been dried in the sun, are moved closer to the walls of the house to keep them dry. This exposes new unsprayed surfaces if spraying has already taken place. The team has learned to take local customs into account and has practically eliminated malaria from this area.

There is a big colonization scheme in the Terai and thousands of refugees who left their homes following partition are being resettled. We drove through great areas that are being brought under cultivation and, as I was told, only a couple of years ago were covered with forest and thick elephant grass. These new farms and the Himalayas in the distance reminded me of our rich Fraser Valley land. In fact over 100 years ago this whole area was rich farming land but malaria drove the people away. Then the jungle and wild animals took over.

Speaking of wild animals, this is one of the great tiger shooting areas of India. As we drove through the forest we were on the alert for glimpses of them but none appeared. We drove through dried-up river beds which during the monsoons are full and fast flowing. It is during that period that the nurse may have some respite from her activities in malaria control and tries to do some more public health teaching. Then she frequently has to ride on an elephant. In the picture you see the doctor and nurse preparing for a trip. Note how the elephant's tail is used as a step. The destination is probably one of the clinics that has been established in a village. To it come Hindus, Moslems, Christians

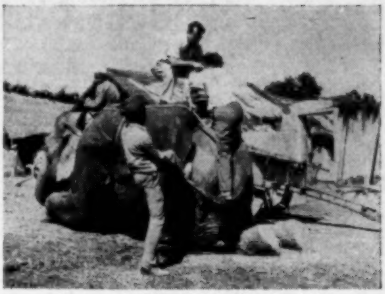


The Health Service knows no racial boundaries.

and both high caste and low. One picture shows a high caste Hindu woman with the decorative spot on her forehead. There is also a Moslem woman in her *burkah* with the little lace "window." Behind are the sweeper women from the "untouchable" class. In one of the clinics there is a Roman Catholic sister in charge, Sister Angela, who is known throughout the Terai for her good works.

In the cover picture you can see Sister Angela and the WHO nurse with a group of Punjabi refugee women who have brought their babies to have blood slides taken to check for malaria. Beside Sister Angela is the village midwife who works with her. Note the trousers worn by the Punjabi women — this is their national costume.

I cannot close without telling you of the beautiful drive we took through the foothills over a well constructed, winding road to the hill town of Riniket from which we saw the towering Mt. Trisul and Mt. Nada Devi, 23,000 and 26,000 feet high respectively. I was actually seeing the Himalayas! That was a thrill but I was equally interested in the terraced hillsides where, in little plots of well irrigated soil, wheat was grown. Like the vineyards of Europe, carved from the hillside with great labor and patience, these small farms demonstrate how man struggles to produce his food from areas that are still uncultivated in countries like Canada with vast stretches and a small population.



All aboard!

I have not said anything about nursing as such. In the portion of the Terai in which the WHO team is working, and which contains some 100,000 people, there are less than 20 health visitors and trained midwives. There are some trained *dais* (who have had about one year's training largely as an apprenticeship) but most of the midwifery is done by the untrained indigenous *dai*, whose lack of cleanliness and technique are more often than not more harmful than having no one at all present during a delivery. In fact, among some groups, childbirth is considered unclean and only the woman of the sweeper class can give the care and take away the placenta.

In Haldwani we passed by an attractive little hospital but it had no nurses. India, with its population of some 350,000,000, has only about 10,000 nurses. Among them there are many who have had advanced preparation and who, with great patience and skill, are planning and building a profession that will one day be better able to meet the great needs of this fascinating country.

Thank You, Nurses of British Columbia

At their annual meeting on May 10, the voting delegates at the convention of the Registered Nurses' Association of B.C. gave strong support to *The Canadian Nurse* when they approved, by a decided majority, to increase their annual renewal fees to include the subscription to the *Journal*. This new pattern will go into effect early in 1953, making the fourth province, and the largest, so far, from the point of view of membership, to conclude such an arrangement with the *Journal*.

Forty-one years ago, Miss Bella Crosby, who was then the editor, incorporated in her annual report a strong plea that the *Journal* should be included in the association fees. Her argument at that time is still valid today. "How can nurses be fully aware of developments in nursing, as they must be to be considered truly professional women, if they do not receive and read their own professional literature?" Four provinces are now supplying the answer.

Student Nurses in Canada

MARGERY WALKER

PUBLICITY by means of press, radio, posters, magazine articles, talks to high school students or youth organizations, planned tours of hospitals, recruitment programs aimed at attracting qualified young women into nursing careers continue at a national, provincial, regional, and district level. That all these measures have tended toward increasing student enrolment in schools of nursing is evidenced by the following table. It is felt by nursing leaders that talks given in high school should include the young girls in the junior grades, thus reaching those who are interested

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Miss Walker is acting assistant secretary at the National Office of the Canadian Nurses' Association.

TABLE I

Student Nurse Enrolment

DATA ON STUDENT NURSE ENROLMENT IN SCHOOLS OF NURSING IN CANADA FOR THE YEAR ENDING DECEMBER 31, 1951, WITH COMPARATIVE TOTALS ONLY FOR 1950.

Province	*No. of Schools*	*First Year*		*Second Year*	*Third Year*	*Totals*	*Approx. No. to Graduate in Year* **1952**
		Prelim.	*Junior*				
Alberta	11	323	138	375	413	1,249	405
British Columbia	6	288	213	409	389	1,299	379
Manitoba	11	175	149	293	274	891	265
New Brunswick	14	168	102	252	244	766	243
Newfoundland	3	60	39	74	72	245	71
Nova Scotia	15	209	76	280	275	840	269
Ontario	62	1,675	314	1,735	1,664	5,388	1,576
Prince Edward Is.	3	36	4	39	63	142	63
Quebec: *English*	8	176	102	251	247	776	246
French	33	423	615	868	699	2,605	676
Saskatchewan	10	321	148	425	362	1,256	362
1951 Totals	**176**	**3,854**	**1,900**	**5,001**	**4,702**	**15,457**	**4,555**
1950 Totals	**173**	**3,813**	**1,930**	**4,566**	**4,502**	**14,811**	**4,431**

in becoming nurses before it is too late to include in their school curriculum the subjects required for admission to schools of nursing.

It is confidently hoped that the information contained in the provincial health survey reports will provide a complete picture of the nursing services presently available and where the most acute shortages lie.

The recently appointed Canadian Commission on Nursing, composed of representatives from the Canadian Hospital Council, Canadian Medical Association and Canadian Nurses' Association, is presently serving as a working party, studying ways and means of improving the nursing situation with a view to making recommendations which will ensure the provision of adequate nursing service and meet the needs of the people of Canada.

From January 1—December 31, 1951, the following enquiries, requesting information regarding admission requirements for students wishing to become nurses, have been answered by the National Office, C.N.A.:

		Rural Districts	*Urban Enquirers*
Alberta.....	68	79.4%	20.6%
Brit. Columbia	61	80.2%	19.8%
Manitoba...	28	82.1%	17.9%
N. Brunswick	12	66.7%	33.3%
Nfld.........	6	66.7%	33.3%

TABLE II

Student Nurse Withdrawal

TERM AT TIME OF WITHDRAWAL OF STUDENT NURSES FROM THE GRADUATING CLASS OF 1951
BASED ON 100% RETURNS

Reasons for Withdrawal	*Preliminary*	*Junior Year*	*Intermediate*	*Senior*	*Total*	*%*
1. Failure in class work	129	58	21	1	209	22.
2. Failure in clinical practice	19	18	6	1	44	4.6
3. Health reasons	73	63	39	15	190	20.
4. Personality unsuited to nursing	42	26	3		71	7.5
5. Disappointment in or dislike for nursing	77	38	13		128	13.5
6. Unhappiness or home sickness	22	8	2		32	3.3
7. Failure to meet school regulations and social standards	7	19	12	6	44	4.6
8. Home responsibilities	21	8	2	2	33	3.4
9. Marriage	33	48	43	28	152	16.
10. Any other reason	19	9	13	7	48	5.1
Totals withdrawals by periods	**442**	**295**	**154**	**60**	**951**	
Percentage withdrawals by periods	**46.5**	**31.1**	**16.1**	**6.3**		**100.**

Nova Scotia.	37	73.0%	27.0%
Ontario.....	155	65.8%	34.2%
P.E.I........	6	50.0%	50.0%
Quebec......	55	74.5%	25.5%
Sask.........	73	76.7%	23.3%
Great Britain	13		
U.S.A.......	10		
Misc........	9		
(Overseas countries)			

The preponderance of enquiries from rural districts suggests that these are "follow-ups" from national recruitment campaigns (e.g., by means of radio talks, magazine articles) whereas in local recruitment drives, particularly in cities and towns, sufficient emphasis is placed on the availability of pertinent printed material from local sources to preclude enquiries being directed to the national organization.

From a study of Tables II and III it will be noted that the percentage of withdrawals from failure in class work, failure to meet school regulations and social standards, and health reasons has tended to increase over a four-year period and that these three reasons account for from 42.7% to 46.6% of withdrawals. During 1951, 36.7% of these withdrawals occurred in the first year of training.

It is also interesting to note that any substantial increases in withdrawal rates occurred in this same period (in most cases during the second six months). The only specific reasons still accounting for considerable numbers of withdrawals during the intermediate and senior years are "health" and "marriage."

Consideration should be given to the practical application of the following suggestions:

TABLE III

An Analysis of Student Nurse Withdrawal from Classes

REASONS FOR WITHDRAWAL

	Graduating Class			
	1948	**1949**	**1950**	**1951**
1. Failure in class work	20.8%	19.8%	21.7%	22.
2. Failure in clinical practice	5.7	4.6	3.2	4.6
3. Health reasons	18.2	19.3	18.5	20.
4. Personality unsuited to nursing	9.1	8.6	8.5	7.5
5. Disappointment in or dislike for nursing	15.	14.2	15.1	13.5
6. Unhappiness or homesickness	4.3	6.2	4.1	3.3
7. Failure to meet school regulations and social standards	3.7	4.5	5.2	4.6
8. Home responsibilities	4.	3.2	3.6	3.4
9. Marriage	14.1	15.4	16.3	16.
10. Any other reason	5.1	4.2	3.8	5.1
	100%	100%	100%	100%

1. In addition to a complete preentrance health examination, the student should be given a thorough health examination by the physician in charge of the health service, following her entry into the school of nursing.

2. (a) The physical, mental, and emotional demands of this adolescent group should be tempered.

(b) During the intensive study program, the class day should parallel a college day with provision of time for independent study and reflective thinking.

(c) Following the preliminary period and during the balance of the first year the hours on duty should at no time exceed 40 hours per week.

3. Class counsellors should be available to the students for discussion of individual problems and advice whenever it is required and they should follow very closely the progress of students who are experiencing greater difficulty in professional adjustments.

Camp Nurse

MAY KOMIYAMA

SO YOU'RE GOING to be the camp nurse! What a privilege and joy is in store for you! Perhaps you have fond memories of the wonderful times you had at camp as a Girl Guide. On the other hand, this may be your first experience at a Guide camp. It may even be your first experience as a camp nurse. As in any new job, one can and should make certain preparations for this responsible position. Are you acquainted with the commandant and her staff? The first step should be for the group who will be in charge to get to know one another.

The camp site and local facilities are probably familiar to the commandant so check certain factors with her before going to camp. Enquire, "Who is the nearest doctor and is he available day and night? Has the water supply been tested? Is the milk pasteurized? What medical supplies will be provided?"

What is your responsibility as the camp nurse? Remember, a Guide camp is for healthy girls and not for the sick or convalescent. Guiders should see and feel that the maintenance and improvement of the health of each individual is a vital part of the whole camp program and that you, as the nurse, are ready to give assistance wherever and whenever necessary. Thus your primary concern will be to assist the commandant to achieve this goal. As a group of healthy girls, illness should not be the major problem although caring for emergencies and illnesses is your undisputed responsibility.

Supervision of the sanitation of the camp is included among your duties. This does not mean that you actually do the various tasks but you do see to it that they are done satisfactorily. This includes daily care of the latrines, proper care of perishable foods, sanitary dish washing and drying, proper care of the grease pit to avoid flies, and adequate and sanitary means of garbage disposal. The methods of dealing with specific problems such as care of the latrines will depend upon each camp — its facilities, location, drainage, and soil. If you are in doubt regarding this, consult the local health department. If you question any of the methods used, discuss them with the commandant giving your suggestions. Leave the matter of who is actually going to do the jobs up to her for, after all, she is in charge of such assignments. If illness should break out due to neglect of any of these matters, you, as the nurse, will have the burden of the sick on your hands.

Mrs. Komiyama, who was formerly a public health nurse in Toronto, resides in Montreal.

Camp is a wonderful place to start teaching these young guides the value and practice of the rules for healthful living. After camp has settled in, ask to be shown the teeth-cleaning trench, the facilities for washing the hands at the latrines, and the wash tent. Most commandants are very conscientious about these matters but there are a few who are not. There are unlimited health teaching opportunities at camp.

The general routine of the first day usually includes the nurse's inspection. It is your safeguard to insist on medical health certificates being submitted to you at that time. A rapid survey should be made for signs of infectious conditions. If you observe any skin rashes or red throats, make a note of this and check up on the youngster again the next day provided it is not a matter that requires immediate attention. Be specially on the watch for athlete's foot and nits and pediculosis.

It will depend on the commandant's wishes whether a daily inspection is practical or necessary from then on. You will be able to work more efficiently with less strain if you set certain "office" hours, otherwise some youngsters will think up excuses to go to see you every hour of the day. It is also wise to suggest to the commandant to be on the alert for guides whom she feels require the nurse's attention. Very often little actual care will be necessary but even simple complaints may lead to more serious things and the commandant should be fully aware of this. The guiders should feel quite free to come at any time to discuss with you their problems. It may be simply a homesick child, a child who wishes to see the nurse constantly, or a behavior problem. It may not be within your realm to help but a sympathetic, confidential ear can be a great comfort. If you are asked to take on any specific job such as using D.D.T. against the flies or spraying to prevent mosquitoes at night, you might cooperate. This will create a good spirit among all the camp officers and it won't lower your prestige. On the last day of camp, the checking-out inspection may be done. It is mainly so that everyone is satisfied that the guides are being sent home in good health.

Before closing, a word about mental health should not be entirely omitted. More and more it is being recognized as a major part of health. As Doctor Mayo stated, a person is not fully happy, mentally healthy, until the cross of work, play, religion, and love is fulfilled and balanced. Each leader, including the nurse, should be conscious of this combination and try to keep it in balance. With this balance in the whole camp, it cannot fail to be like the Horn of Plenty, spilling over with fun and happiness for everyone.

Here's another game to test your vocabulary. If you look up our list of words (after you have given your own pencil a real workout) you will find quite a number of new and unfamiliar words. They all appear in Webster's New Collegiate Dictionary. Do you know the word "retuse" for example or "tergal" or "grutch"? That last one is what you feel like doing when you get out of the wrong side of the bed on a dark cold day. You can "grutch" to your heart's content.

How do you set about playing the word game? Pick any letter as the starting point then, moving in any direction—up, down, across—complete words with four or more letters. Any words with less than four letters do not count. Take the word "sturgeon" for an illustration. From the centre, you go east, southeast, northwest, north, east, northwest, then east. Try to find some other good long moves.

Our list of words is on Page 514

D	O	N	V	P
A	G	E	H	I
L	R	S	T	C
F	B	U	K	E
I	M	J	R	W

Préparation des Infirmières Préposées au Service du Nursing à l'Hôpital

SOEUR DENISE LEFEBVRE, S.G.M., B.A., M.SC.

IMPORTANCE DE CETTE PRÉPARATION

"SOYEZ AUX AVANT-GARDES du progrès!" Cette parole, N.S. Père le Pape Pie XI l'adressait d'une façon toute particulière et très pressante à ceux et à celles qui s'occupent d'oeuvres sociales et, partant, d'institutions hospitalières. Dieu qui pouvait se passer de la collaboration humaine a voulu qu'elle soit habituellement nécessaire. Et, selon une loi énoncée par les auteurs spirituels, toutes choses égales d'ailleurs, l'action de l'Esprit-Saint est proportionnelle à la préparation, à la formation. Les Saints improvisaient rarement. Les hospitalières, les hommes d'oeuvres éminents, qui ont sillonné l'histoire, ont d'abord préparé leurs instruments de travail péniblement et longuement. Quand S. Ignace conçut le projet de mettre au service de l'église des religieux d'élite, il décida d'abord de les soumettre à de longues études qu'il entreprit lui-même à l'âge de quarante ans, tant il était convainçu que la qualité de la pensée et la force de l'influence sont à ce prix.

Aujourd'hui, le combat se livre dans le domaine des idées et, si l'on veut être puissant, il nous faut non seulement lutter mais savoir lutter. Les principes que nous soutenons ne seront acceptés que si nous avons su d'abord nous imposer par notre valeur personnelle. Ni la force, ni les paroles, ne peuvent exercer une influence durable; il faut, avec l'ascendant moral, le savoir, la compétence et la culture. Si l'on ne veut pas être forcé de suivre servilement, il faut diriger avec compétence; ce qui nécessite un bagage suffisant de principes solides. N'avons-nous pas chaque jour à faire face aux nombreuses implications d'une science en évolution constante ? Se contenter de trouver une solution aux problèmes à mesure qu'ils se posent, ne suffit certes pas, ce sont des principes qu'il nous faut, sur lesquels nous pourrons ensuite établir notre politique administrative et éducative.

Dans une époque où les découvertes se sont multipliées d'une façon invraisemblable et où tant d'hypothèses sont suggérées dans les ordres d'idées les plus divers—religieux, moral, social, médical, économique, éducationnel—rien d'étonnant si l'on se sent pris de vertige devant l'infinité d'aspects sous lesquels on nous présente la science hospitalière. Les heures troublées et instables que nous traversons exigent des transformations profondes dans nos méthodes, auxquelles il faut adapter nos moyens d'hospitalisation et d'éducation.

Dans tous les domaines, la compétition nationale se fait sentir et la vie nationale elle-même est de plus en plus affectée par les répercussions de la vie internationale. La connaissance de ces problèmes ou, du moins, une ouverture d'esprit à leur égard, est nécessaire à une saine opinion et ces problèmes sont parmi ceux qui par leurs données mêmes exigent une solide préparation.

Du point de vue pratique, le rendement est en général beaucoup meilleur si on fournit à chacun une préparation adéquate.

La psychologie expérimentale elle-

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même a prouvé qu'il y a plus de satisfaction à accomplir un travail pour lequel on est préparé; l'intérêt qu'on y apporte est plus grand, réduisant ainsi au minimum la perte du temps et de l'énergie. "Il est très important de travailler dans la joie," dit Sertillanges, "donc dans la facilité relative, dans le sens de ses aptitudes" décuplées par une solide préparation.

L'industrie, particulièrement au cours de la dernière guerre mondiale, et depuis, a mis à profit ces données scientifiques en établissant des méthodes d'entraînement technique. On analyse d'abord les fonctions de chaque ouvrier et d'après cette étude on établit un programme de formation conforme au rendement désiré. Des investigations poursuivies en milieu hospitalier ont permis de constater que les changements fréquents de notre personnel pouvaient, dans une certaine mesure, être attribués à un manque de préparation de l'intéressé. Les enfants du siècle seraient-ils plus prudents que les enfants de lumière?

Dans le Domaine du Nursing

Si nous entrons maintenant dans le domaine du nursing, nous voyons que le premier but que l'hôpital se propose au moyen d'une administration compétente, c'est le soin des malades. Celles qui sont préposées à ce soin, à quelque niveau que ce soit, doivent précisément retenir notre attention si nous voulons atteindre notre but.

Le nursing moderne suppose la connaissance de principes basés sur une science qui évolue sans cesse; les traitements nombreux se compliquent et exigent, dans bien des cas, une technique spéciale. En plus il faut maintenir, auprès du malade, un entourage sain, voir à ce que rien ne se détériore inutilement et que tout concourre au bien-être du malade.

Pour longtemps, l'infirmière fut seule à remplir toutes ces fonctions mais aujourd'hui dans plusieurs hôpitaux, justement parce que les obligations professionnelles augmentent, on utilise les services d'aides qui partagent la responsabilité des infirmières dans des tâches de leur compétence et sous la surveillance des infirmières.

N'est-il pas nécessaire que chaque catégorie du personnel reçoive une préparation correspondant à ses devoirs? Préparation précédant l'emploi quand la chose est possible et perfectionnement dans le travail ensuite.

Il s'agit d'une personne humaine à soigner, ne l'oublions pas; il s'agit aussi de conduire à bonne fin une entreprise de plus en plus complexe, l'hôpital moderne, et tous les rouages doivent être aussi parfaits que possible.

Les professionnelles exigeront nécessairement une préparation plus étendue et plus approfondie.

La directrice du nursing ou l'hospitalière en chef est responsable de la surveillance générale du soin des malades, de la sélection et du placement des infirmières diplômées et des auxiliaires. Il est de son devoir de diriger son personnel de façon que chacun ait sa place désignée et remplisse ses fonctions effectivement. Elle doit aussi établir la coordination des activités du nursing dans tout l'hôpital et s'occuper du programme d'éducation. Il est inutile d'insister sur la nécessité pour une telle responsable d'une préparation correspondant à ses multiples fonctions.

Les surveillantes, ou les hospitalières, d'un service d'un département ou d'une clinique s'occupent de la surveillance immédiate du soin des malades. On leur demande assez souvent d'enseigner aux étudiantes infirmières et de participer à l'élaboration du programme d'études de l'école.

De toutes les personnes préposées au soin des malades et à l'éducation des infirmières, il semble qu'aucune n'ait reçu du point de vue des études moins d'attention que les hospitalières. Pourtant, elles sont le plus directement concernées en ce qui constitue la raison d'être de l'hôpital—le malade.

Il faut dire que les trois ans de cours d'infirmières ne suffisent pas à former une bonne hospitalière. Elles-mêmes, après quelques années d'expérience acquise péniblement parfois sans l'aide d'une personne plus expérimentée, sont unanimes à déplorer les lacunes qui se sont glissées dans leur méthode de surveillance ou d'enseignement. Car, ne l'oublions pas, l'hospitalière a une double responsabilité et envers l'hôpital et envers l'école. Les résultats d'une enquête poursuivie aux E.U. il y a quelques années corroborent ce que nous venons de dire: les hospitalières du pays voisin déploraient elles aussi leur manque de préparation et avouaient que cet état de choses leur enlevait une certaine satisfaction dans le travail. Cette cause de mécontentement fut mentionnée plus fréquemment que la question des heures de travail et le salaire et ce n'est pas peu dire!

Pendant la dernière guerre quelques-unes de nos infirmières au service des forces armées n'ont pu obtenir certains postes de commande qui leur revenaient, disent-elles, et cela surtout à cause de leur manque de préparation comme hospitalière. Représentante de la province sur le comité d'après guerre, j'ai pu recueillir à ce moment là des renseignements que je crois assez authentiques.

Les infirmières seraient-elles apathiques devant l'effort intellectuel ? Il faudrait qu'elles se stimulent les unes les autres à se procurer une meilleure préparation initiale. Elles débuteraient avec plus d'enthousiasme, plus de confiance en elles-mêmes et elles deviendraient plus rapidement compétentes. Le travail serait plus intéressant puisqu'on se sentirait à la hauteur des obligations qu'il impose.

Une fois cette préparation initiale obtenue, il sera plus facile de continuer d'augmenter son bagage professionnel. L'infirmière en service à l'hôpital a des opportunités exceptionnelles de développer ses capacités si elle est bien orientée. Ses contacts sont nombreux et variés. Sa part est essentielle au bon fonctionnement de l'hôpital; elle devient un véritable chef dans son propre domaine. Même si le département où elle exerce ses fonctions n'est pas considérable, il lui donne un grand prestige et des occasions nombreuses de se tenir en contact avec les multiples développements dans le domaine hospitalier—médical et infirmier. Au moyen de cours, d'instituts, de programmes du personnel, elle peut constamment augmenter sa préparation et son expérience pourvu toutefois qu'elle ait une base solide.

Les infirmières diplômées qui s'occupent du soin immédiat du malade ont vraiment le plus beau rôle. Quelques-unes visent à devenir hospitalières mais toutes ont la responsabilité de se perfectionner et de devenir de véritables spécialistes dans leur domaine. Elles peuvent aider indirectement et parfois directement à la formation des étudiantes-infirmières par leur exemple ou par l'aide qu'elles apportent à la surveillance. Là, où il n'y a pas d'écoles, elles sont appelées à diriger le travail des aides.

QUELQUES QUESTIONS D'ORDRE PRATIQUE

Il serait peut-être bon de répondre ici à quelques questions d'ordre pratique qui sont posées à maintes reprises au sujet des études supérieures pour les infirmières.

1ÈRE QUESTION

Qui doit étudier? Il y a plusieurs facteurs qu'il faut considérer et en tout premier lieu il ne faut pas négliger la capacité intellectuelle; elle est indispensable. Puis toute étude demande une préparation de base et une orientation. Il est aussi préférable d'avoir fait ses preuves comme infirmière, car comment oser espérer devenir bonne institutrice ou bonne hospitalière si on manque de la base essentielle.

Il faut de même aimer l'étude suffisamment pour avoir le courage de quelques sacrifices—de temps, d'argent, etc. Un certain pouvoir de concentration est de même désirable.

2E QUESTION

Les études supérieures doivent-elles se faire immédiatement après la graduation? Les cours de culture peuvent avec profit suivre immédiatement ou même précéder le cours d'infirmière. Quant aux cours professionnels ou de spécialisation il semble plus avantageux de posséder environ deux ans d'expérience avant de les entreprendre. On a pu étudier ses aptitudes, constater ses besoins et, comme conséquence, l'orientation est meilleure et les études plus profitables. Toutefois s'il s'agit d'accepter immédiatement des responsabilités comme hospitalière ou institutrice il est alors requis de se procurer sans tarder la préparation dont on a besoin.

3E QUESTION

Un programme où l'étudiante peut se livrer entièrement à l'étude est-il préférable à un programme à temps partiel? Il me semble que le premier soit de beaucoup préférable. Le programme à temps partiel augmente la difficulté de maintenir l'unité, de plus il a l'inconvénient de disperser l'attention de l'élève, de sorte qu'elle perd parfois intérêt et à ses études et à son emploi. Si malgré tout, l'on doit opter pour cette dernière alternative, il faut s'organiser de façon que la tâche ne soit pas trop onéreuse. Il est certain cependant que dans ces conditions on aura souvent à sacrifier, au moins en partie, soit des études sérieuses et approfondies, soit encore le bon rendement dans son travail. Néanmoins, si l'on accorde un temps suffisant pour l'étude et que les occupations facilitent l'assistance aux cours, un tel programme peut être possible. Il a sans doute l'avantage de tenir l'étudiante en éveil et de lui permettre d'appliquer immédiatement dans la pratique les principes étudiés.

En général, il est préférable, au début, de suivre un programme complet d'études pendant lequel on s'assimile les principes de base; il sera plus facile de compléter ensuite par des cours détachés. S'il s'agit de spécialisation enseignement clinique, surveillance, etc., il est bon d'avoir une préparation de base, de la culture et un peu d'expérience, variée sans être trop dispersée. Les études pourront ainsi être espacées de façon à donner une préparation qui corresponde à l'expérience, aux progrès dans l'habileté technique et aux promotions en vue. Ceci est préférable à une spécialisation trop prématurée dont l'étudiante ne peut bénéficier où qu'elle n'est par en mesure d'apprécier; ou encore à une spécialisation trop tardive pour avoir l'effet désiré dans la formation ou la modification de certaines habitudes de penser et de faire.

4E QUESTION

Devons nous viser dans les études au minimum requis ou à un peu mieux ou même au maximum? Généralement, notre ambition est d'obtenir le plus rapidement possible des méthodes d'action. Le but ne sera guère atteint si l'on accepte des standards trop bas ou si l'on essaie de donner cette préparation dans un trop court laps de temps. L'argument souvent évoqué est qu'une préparation même sommaire est préférable à rien du tout. Faisons un plan à l'avance et essayons, même si l'on ne peut viser à maximum de donner à chacune la préparation suffisante, d'après les circonstances et la situation dans laquelle elle se trouve. Il est bon qu'il y ait une variété de préparation des divers membres du personnel.

Quelles que soient notre orientation et notre spécialité, il faut nous tracer un programme déterminé ayant un but bien défini. Aristote disait à ses pupilles: Il est très important de savoir pourquoi on étudie. Et Pasteur: Quelle que soit la carrière que vous embrassiez, proposez-vous un but élévé; le but empêche les piétinements et nous permet de nous attaquer à une tâche précise, limitée, proportionnée aux forces et au temps que l'on veut y consacrer.

Inutile de dire que l'étude doit être sérieuse et profonde. Gare à l'éparpillement! Visons à nous assimiler des principes. Une conférence de temps à autre fournit une variété qui brise la monotonie mais n'ayons pas peur du travail en profondeur, qui forme le jugement et habitue à la réflexion personnelle.

5E QUESTION

Les infirmières peuvent-elles obtenir de l'aide financière? Les études supérieures sont dispendieuses, dit-on parfois. Ceci est exact. Cependant, rappelons-nous que dans les autres professions, les études du baccalauréat durant quatre années pendant lesquelles aucun autre travail ne peut être accompli.

Des bourses d'études sont octroyées à même la subvention fédérale—provinciale pour la formation professionnelle.

L'Association des Infirmières de la Province de Québec, ainsi que certains districts, offrent de l'aide aux infirmières qui désirent se perfectionner. L'Aide à la Jeunesse fournit aussi une certaine somme annuellement pour des études de ce genre.

Certains hôpitaux contribuent sous forme de dons ou de prêts. Cette initiative est à encourager. Les Amicales de nos écoles, comme les Associations de Dames Patronnesses, se feraient une gloire de procurer à quelques infirmières l'avantage de poursuivre leurs études. Et la liste pourrait se continuer. En effet, n'allons pas oublier la Divine Providence. Que n'a-t-elle pas fait dans le passé pour nos devancières qui mettaient en elle seule toute leur confiance.

Et puis, l'économie est une vertu et il arrive souvent que des infirmières fassent des merveilles en ce domaine lorsqu'il s'agit de se procurer quelque chose qu'elles désirent.

Le perfectionnement est une obligation professionnelle. Une fois les études terminées, notre perfectionnement doit se poursuivre sans trêve, ni repos. Le tenir pour achevé, c'est détruire bientôt des résultats péniblement acquis. Même s'il est excellent qualifié le personnel hospitalier doit se tenir au courant des nouveaux développements de la profession; celles surtout qui ont mission d'enseigner. Il leur faut être des laborieuses, des chercheuses, des étudiantes toute leur vie.

La question est de savoir stimuler à accepter l'étude. La vie d'aujourd'hui est fatiguante et énervante; il faut du courage pour se cultiver. Les infirmières doivent en voir la necessité et pour cela il faudrait exiger une certaine préparation avant qu'elles soient acceptées comme hospitalières ou institutrices dans nos hôpitaux et nos écoles. Cette méthode avec échelle de salaire correspondante a produit d'heureux résultats là où elle a été utilisée.

L'infirmière bien préparée et possédant suffisamment d'initiative et de maturité saura élaborer pour son propre perfectionnement: un plan d'études, d'observations, de travail d'équipe.

Plusieurs méthodes peuvent être employées par les institutions pour faciliter l'avancement de leur personnel. La responsabilité des administrateurs en ce domaine est de deux sortes: négative en enlevant les obstacles, positives en fournissant les conditions qui stimulent à l'avancement professionnel.

Un programme d'orientation pour les nouvelles venues, des cours réguliers donnant droit à des crédits universitaires, des conférences, des journées d'études, des programmes spéciaux—il y a autant de moyens de stimuler à l'effort et de susciter de saines compétitions.

Une atmosphère favorable est indispensable. Si dans notre institution le personnel sait que nous nous attendons au progrès, que les idées nouvelles sont considérées et encouragées, l'enthousiasme ne manquera pas et la routine sera à jamais bannie.

Ce n'est pas non plus peine perdue que de faire, quand la chose est possible, une bonne sélection de nos infirmières. Choisissons d'abord des personnes qui désirent se perfectionner; avertissons-les dès leur arrivée de nos exigences; plus tard la chose sera moins facile. Il faut ensuite reconnaître et récompenser les efforts—promotions, salaire plus élévé, hommage public—deviennent autant d'encouragements non seulement pour les intéressées mais aussi pour les autres infirmières. Des méthodes d'évaluation du travail ont accompli des merveilles à ce point de vue dans les hôpitaux de l'armée. Ne vaudrait-il pas la peine que nous les étudions.

Plusieurs infirmières ont peur des responsabilités. Aidons-les à faire valoir leurs aptitudes en fournissant les occasions de développer leurs talents en leur déléguant une part de notre autorité et en les faisant participer aux activités du personnel. Ceci encourage à l'étude et force ces infirmières à essayer de solutionner scientifiquement leurs problèmes. Nous avons besoin de chefs dans la profession, à nous de les former si nous désirons être appuyées.

Les associations d'hôpitaux ou d'infirmières fournissent les occasions de participer aux activités de la profession, encore faut-il que toutes les infirmières puissent à leur tour en profiter. Nous devons prévoir dans nos programmes un temps raisonnable pour ces activités: le rendement en sera ensuite meilleur puisque c'est un stimulant. La lecture des revues professionnelles est un moyen efficace d'éducation. On devrait les faire circuler et demander des rapports de temps à autres. Il est bon de savoir dans ces lectures glaner en peu de temps ce qui nous est nécessaire sans perdre de temps inutilement dans les détails.

Accepter la rédaction d'un travail, présenter un rapport, assister aux congrès, participer aux activités de comités divers—voilà autant d'occasions qui doivent être acceptées non seulement dans le but de remplir une obligation mais aussi parce qu'elles sont des moyens de développement personnel. Celle qui peut acquiescer à ces requêtes reçoit plus qu'elle ne donne pourvu toutefois qu'elle s'y prête volontiers et généreusement.

In the Good Old Days

(*The Canadian Nurse* — JUNE 1912)

"If you ask nine out of ten nurses if they attend their Alumnae meetings, they tell you, with a laugh and great gusto, 'No, they never go. They really don't care about it.' They are 'too tired,' they want some amusement and so they leave their profession until the last. What a mistaken idea! That very apathy makes them tired, they have no interest to stimulate them . . . The success of the nursing profession is due to the untiring efforts of the few. The hangers-on are the drawbacks that keep the profession from advancing."

* * *

"Classes have recently been started for the cure of stammering. Many of the most confirmed stammerers repeated words readily when they learned the way in which the difficulties in pronunciation could be overcome. Four to ten lessons will, it is claimed, cure the most obstinate case."

* * *

"A new tonsil clinic has been opened at a private hospital. For the paltry sum of 50 cents each, to cover laundry expenses, the operating room, the ward adjoining it and the service of the nurses was put at our disposal. We can handle six or seven children each clinic day."

* * *

"The cinematograph is a new factor to deal with in our school nursing work. It has been found that 90 per cent of children go to see the pictures once a week. This involved a lot of eyestrain and the topics were over-exciting."

"A law, authorizing the state registration of nurses, has been placed on the Statutes of Ontario. The question of the necessary qualifications of the nurse becomes of paramount importance. Heretofore any and all hospitals might conduct training schools, without any supervision or interference, and grant diplomas to all graduates. Inevitably, these diplomas varied greatly. So often a hospital conducts a training school for purely commercial reasons, the education given the nurse being entirely secondary. Now standdards will be set and only those nurses who measure up may register."

Mass x-ray surveys continue to play an active role in the detection and control of tuberculosis and during 1951 more than 500,000 persons were examined by this method in Ontario.

The Department of Health's Division of Tuberculosis Prevention and Division of Industrial Hygiene x-rayed more than 331,000 citizens of the province and uncovered 176 cases of active Tb. Besides the surveys conducted by these two government agencies, 189,527 individual x-rays were done in mass x-ray surveys undertaken by the National Sanitorium Association's Gage Institute, the Niagara Peninsula Sanatorium, and the Ottawa Health Association, with 299 active cases being discovered.

— *Ontario Government Services.*

Public Health Nursing

Eskasoni Indian Reserve

CATHERINE M. MACQUINN

WHEN ONE HEARS of a nursing station for the care of Indian people one's mind immediately conjures up pictures of a northern outpost with natives and staff in fur suits and parkas and with, perhaps, a team of huskies in the background. The Nursing Station of Eskasoni happens to possess none of these interesting far-away-land features.

Eskasoni is a picturesque little village. Its name in the Micmac tongue seems to have two meanings. According to some, it means "still waters." Others translate it as "a green bough." Eskasoni is situated only 12 miles from a railway station, while in an opposite direction it is but 15 miles from a paved highway. Once the pavement is reached, another 15 miles brings you to the city of Sydney. Although the reservation is about five miles in length the residential area extends for only a few hundred feet on either side of a road winding through the reserve. Indeed the reservation seems as if it were seated with its back resting against high wooded hills and its feet stretched out to meet the blue waves of the beautiful Bras d'Or lakes.

Driving through the village in September one is struck by the picture made by the scarlet maples on the hillside, the blue water in the distance and, in between, the rows of white houses with their gaily colored roofs. There is no monotony as the scenery is constantly changing. There are enough architectural differences and individual touches about the homes to allow for pleasing contrasts. Many families have vegetable gardens, a few have lawns and flowers.

Is it possible that this apparently ideally situated village has health problems capable of ruffling the serenity of any enterprising staff? We shall not attempt to answer this question but we shall merely describe briefly the work carried on at the Health Centre in Eskasoni.

Less than 10 years ago, the Federal Government, recognizing that little could be done for the Indians scattered in small reserves throughout Nova Scotia, decided upon a plan of centralization. The Indians were encouraged to settle either in Shubenacadie, which is about 40 miles from Halifax, or in Eskasoni on Cape Breton Island. A few preferred to remain where they were but many of them were pleased by the prospect of obtaining better homes, better medical and educational advantages for their children. This movement was not accomplished all at once but took place mostly between 1944 and 1948. At present the population numbers around 770.

Each Indian settling on either of the designated reservations was given free lumber, which was sawn by the government sawmill, and supervised assistance in building a home for himself. Each house has a complete concrete basement. During the time he was engaged in the construction of his house, the Federal Government paid wages to the home builder. However the government agreed to finish and paint only the outside of the house. The partitioning and furnishing of the inside was left to the initiative of the individual family. In some cases the work has been continued and the interior of the house has been fairly well finished. In other cases, little or no improvement has been made.

Before the centralization movement began it was not possible to do

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Miss MacQuinn is agency nurse in the service operated by the Department of National Health and Welfare.

Road through the Reserve.

much to improve the health status of the Indians, many of whom were living in scattered areas under the most primitive conditions. The prevalence of tuberculosis was marked, claiming as many as 25 per cent of the population. The death rate among children was abnormally high and countless numbers of infants never lived to see the light of day. The picture at the present time is very different.

Although Dr. Bruce C. Archibald, the doctor charged with the medical care of the Indians, does not reside in Eskasoni, he comes out from Sydney two days a week. At first it was thought that Eskasoni should have a resident doctor but later it was decided that this would not be practical. All surgical cases and all other patients who are seriously ill are cared for in St. Rita Hospital and the Marine, which is a Departmental hospital. Confinement cases are also brought into Sydney. The only cases kept in the nursing station at Eskasoni are convalescents and those receiving treatment for minor injuries.

It might be noted that there is also a small reservation called Membertou, in honor of the great Micmac chief of Port Royal days, at one end of the city of Sydney. The men obtain employment in the city, many of them at the steel plant. These Indians also are the responsibility of Dr. Archibald. Besides the attention given to Indian hospital patients and necessary house calls, a clinic is held one afternoon a week for the people of Membertou and the nurse drives in from Eskasoni to assist the doctor.

The resident staff at Eskasoni consists of a registered nurse and an assistant who has a good practical training in nursing. During the day they are helped by an Indian girl from the village who returns to her home in the evening. While in theory the nurse and her assistant have certain definite hours of duty, they are actually on call at any hour of the day or night. The government provides the nursing station with a car. It is the first duty of the nurse to learn to drive it, if she does not already know how.

From its nearness to the pavement, one might think that the problem of transporting patients would present few difficulties. During the summer months that is true but during the spring and winter months motoring conditions are often unsatisfactory and even highly dangerous. The road leading to the pavement is narrow and rough and seems to wind in and out through an endless series of curves. In winter the icy roads, close to overhanging banks, make for treacherous driving while deep muddy ruts in spring and fall make the conveyance of maternity patients a hazardous venture. This is so true that the nurse has often had to choose between handling a case alone on the reserve or taking a chance on a possible roadside delivery. The road leading to the railway station offers greater incentive to start for the city.

On the days when the doctor visits Eskasoni, there is a well established procedure. Visits are made to homes and clinic at the station from one o'clock to three. Besides their actual work through the station, the health authorities cooperate with the other existing agencies in the village. Some of the work is done with the assistance of the agency administrative staff and a certain amount is done through the school.

There are about 175 children attending the Eskasoni Indian Day School. These youngsters are supplied with a daily dose of vitamin capsules.

They also receive a mid-morning glass of milk or in cold weather a cup of hot cocoa. The nurse visits the school periodically to check the health and cleanliness of the children, thus encouraging good health habits.

In addition to the routine work carried on at the nursing station, where everything from a pin scratch to a broken bone is brought for treatment, various clinics are held. From the Federal Health Department a dentist comes each year to spend a few weeks. There is usually more work to be done than the dentist can finish in the time at his disposal but he does a great deal. Inoculations against smallpox and diphtheria or doses of the combined diphtheria and whooping cough vaccine are begun shortly after the opening of school in order to have them completed before the cold weather. The x-raying of suspected tuberculosis cases and the resultant patients' follow-up make the work almost continuous.

This, in brief, is an outline of what goes on at the Health Centre at Eskasoni and thereabouts. Life continues its even and uneven way with never a dull moment.

International Nurses' Tour

PRISCILLA NEEDHAM

On September 1, 1951, 56 nurses met at Middlesex Hospital, London, England, to commence a two-week Professional and Cultural Study Tour of London and surrounding points of special interest. This tour was arranged by the National Council of Nurses of Great Britain and Northern Ireland, in connection with Britain's Festival of 1951.

The National Council was founded in 1904 by Mrs. Bedford Fenwick, five years after the foundation of the International Council of Nurses. It is a federation of professional associations of state registered nurses and hospital leagues and represents the nurses of Great Britain and Northern Ireland in the International Council of Nurses. The Council entertained the "overseas" nurses and were responsible for a very successful and enjoyable tour. Fourteen countries were represented — France, Holland, Denmark, Norway, Sweden, Switzerland, Finland, Italy, Indonesia, Israeli, New Zealand, Australia, South Africa. I was the only one from Canada. We were billeted in nurses' residences. The nurses on the tour represented practically all branches of nursing and administration. It was a wonderful experience to discuss and exchange ideas on nursing methods and problems with them. For many of the group it was their first visit to London. To be able to take part in a well organized and arranged "general" city and district tour was by far the best way to "see the sights."

Hospitals visited during the two weeks were: West Middlesex in Isleworth, London West, a general hospital; Moorfields Westminster and Central Eye Hospital, where a lantern lecture was given on some types of eye surgery; Addenbrooke's General Hospital, near Cambridge; Harefield Sanatorium.

Papworth Village Settlement, near Cambridge, a sanatorium and rehabilitation settlement combined, recognized as the foremost example of its kind in the world, was also visited. Patients are discharged from the sanatorium to partial or full-time employment in the various shops located in the settlement, such as printing, motor parts, upholstery, furniture making, leather goods and luggage. While still under observation, and until patients are able to return to normal living, they and their families live in the settlement cottage homes and the children attend a County Council School situated there.

Another rehabilitation centre of great interest was seen at Vauxhall Motor Works at Luton, following a tour of some of Vauxhall's production buildings. The company operates a re-training workshop, where medically graded work of a remedial nature is devised and selected for individual cases in order to assist recovery. This workshop contains machines for the production of small parts, the machines being especially designed and built so that by the running of them the men receive the exercise required for recovery. The injured men's minds are directed towards recovery, not compensation, and the

(*Continued on page 512*)

Miss Needham was a 1950 graduate of the Royal Alexandra Hospital, Edmonton.

Institutional Nursing

The Application of Organic Chemistry to Nursing

Sister Margaret Mooney, R.H., B.Sc.N.

ORGANIC CHEMISTRY deals with that large class of compounds which contain the element Carbon. More than 250,000 compounds are grouped under organic substances. Since life, with all its mysteries, dwells permanently among the carbon compounds, it follows that a knowledge of the principles of organic chemistry is not only interesting and useful but definitely necessary for the nurse. Not only will it provide her with the opportunity to satisfy her curiosity concerning many life activities, thus making her various courses more meaningful, but it will enable her also to intelligently interpret the chemical changes constantly occurring in the human body, both in health and disease. The various transformations which the cellular tissues undergo, involving complex syntheses and decompositions, are essentially the same as those studied by the organic chemist. Later, as a graduate nurse on private duty, in public health or industrial nursing, and in her cooperation with the physician, her background of chemistry will determine, to a large extent, her success in her profession.

It would be impossible in this brief survey to demonstrate the comprehensive correlation of chemistry with the many subjects which comprise the nurse's curriculum. A few specific examples, however, may be cited.

The study of the test-tube behavior of the three large classes of foodstuffs and the characteristic reactions of enzymes and vitamins furnish the nurse with an excellent mind-set in her understanding of the physiology of digestion and, indeed, of the whole complex picture of the metabolic processes which occur in the body. The study of the thermochemistry of hydrocarbons and the exothermic reaction involved demonstrates the way in which the full value of foodstuffs may be determined.

Since digestion consists primarily in changing complex, insoluble food compounds into simpler, soluble substances, whose molecules are small enough to pass through the membranes of the intestinal wall, it is important to know:

1. *Concerning the proteins:*

(a) The reactions and syntheses of the "building stones"— the amino acids.

(b) The successive steps in the hydrolysis of complex proteins, through the stages of proteoses, peptones, polypeptides, peptides to amino acids.

(c) Methods uses in the detection of protein material—e.g., the Buiret or Millon tests, etc.

(d) The differences between simple, derived, and compound proteins—chiefly their solubility in water and in salt water.

(e) Of interest are the facts that *rigor mortis* is caused by the coagulation of a muscle protein—myosin; and that the formation of a blood clot is due to the coagulation, on exposure to air, of the simple, soluble protein, fibrinogen (globulin), into an insoluble protein called fibrin.

(f) Animo compounds, which contain the amino group characteristic in all proteins, are of professional interest particularly two aromatic amines, acetanilid,

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an analgesic and antipyretic, and arsphenamine (salvarsan), once used so extensively in the treatment of syphilis.

(g) Two properties of proteins — namely, their affinity for water when acid to the isoelectric point and their ability to coagulate—have given rise to theories concerning edema, due to an accumulation of lactic acid as the result of violent exercise or delayed metabolism produced by anesthetics or toxins. According to Bancroft*, epilepsy and some psychotic conditions, such as manic depression, are due to a slight coagulation in either all or a part of the brain and nerve proteins. He further suggests "that many of the functional disorders may be nothing more than an abnormal degree of dispersion of the nerve colloids and certain effects show that such colloidal reagents will produce symptoms that are not unlike many of those of insanity."

(h) The intermediate changes that proteins, together with fats and carbohydrates, undergo in the body in their ultimate breakdown to carbon dioxide, water, and simple nitrogenous bodies are always associated with the formation of lactic acid, among other substances. Chemical evidence is accumulating to show that lactic acid is an important intermediate product in the decomposition of the common foodstuffs within the body.

2. *Concerning the carbohydrates:*

(a) Since the glucides are the aldehydic or ketonic derivatives of complex alcohols, it follows that the study of the general chemical properties and characteristics of these various functions is invaluable in order to more clearly grasp the significance of carbohydrate metabolism.

(b) From the study of the oxidation of carbohydrates, the nurse will realize that their principle function in the body is to provide heat and energy, hence the wide use of glucose for intravenous infusion as an emergency means of producing energy will be more meaningful to her.

(c) The reducing property of glucose, because of its aldehydic structure, is taken advantage of, particularly in the diagnosis and the regulation, by diet and insulin, of diabetes mellitus.

(d) Since milk sugar is also a reducing agent, its presence in the urine of pregnant or nursing mothers may be ruled out, in making a differential diagnosis, by its ability to ferment yeast. Glucose does not do this. The fact, too, that lactose does not ferment so easily indicates its importance in infant feeding, since its use would reduce the possibility of intestinal disturbances.

(e) The polysaccharides, including the starches, glucogen, and cellulose, are also of importance in the physiological processes of digestion. Just in passing, cellulose, which on hydrolysis yields glucose, is the mother-substance, so to speak, of innumerable articles which the nurse makes use of daily in her work. To mention only a few—cotton and rayon materials, paper, celluloid, collodion, plastics. Agar-agar, a laxative, is a galactan, while gum arabic, gum tragacanth, etc., are used as vehicles to suspend insoluble substances in aqueous emulsions—e.g., the barium sulphate used in the x-ray examination of the colon. These are all polysaccharides or derivatives.

(f) The oxidation of polyhydric alcohols to sugars and the reduction of some sugars to alcohols are other features of interest in the chemistry of digestion.

(g) Though not a carbohydrate, it is interesting to note that the orthobenzoic sulfamide, called saccharin, is about 550 times as sweet as sugar, has no nutritive value.

3. *Concerning the fats:*

(a) Their property of emulsification is of greatest physiological importance, since it is only in that condition that they can be digested. The fat that is carried by the blood to the cells is also in the form of an emulsion.

(b) The fact that glycerol is formed in the digestive tract when fat is hydrolyzed by the lipase in the pancreatic juice lends interest to the study of the properties and uses of glycerol—particularly the fact that on dehydration it forms acrolein which, according to some authorities, is the reason why fried foods are difficult to digest. Acrolein reacts with nitric acid to form the dangerous explosive, gylceryl trinitrate, of which a 1% solution in alcohol is sometimes used as a heart stimulant, as it has a powerful action on the arteries.

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*J. Phys. Chem., 35:269 (1931).

(c) The principal reaction of fats, that of saponification, plays an important part in the digestion and assimilation of fats.

(d) In diabetes, where there is not enough sugar available, the fat in the blood is incompletely oxidized and certain fatty acids are formed, producing the condition known as acidosis. Oxidation of these acids produces acetone which, together with the fatty acids—butyric, betahydroxybutyric, and acetoacetic acids—are referred to as "the acetone bodies."

(e) In epilepsy, many patients are improved by an increased acid condition, so they are purposely given a diet rich in fat.

A knowledge of the saponifiable properties of fat is important also in another field of nursing activity, namely, the promotion of cleanliness, in which soap plays so vital a part. Green soap, so largely used in hospitals, is a soluble soft soap in alcohol, molded and dried. The use of germicidal soaps is questionable, since their ingredients often have an irritating effect on the skin. The germicidal action of ordinary soaps on such organisms as the staphylococcus, streptococcus, meningococcus, gonococcus, pneumococcus, cholera and diphtheria bacillus are due to several factors. These are primarily the colloidal properties of the soap, the ability of the soap solution to lower surface tension, the absence of albuminous material which interferes with the germicidal action, and dialyzing power of the soap and the fatty acids present in it. In using soap in pure water, the soap first dissolves and then hydrolyzes. An insoluble soap, zinc stearate, is familiar to all nurses.

The much advertised detergents have resulted from recent work in applied chemistry. This new type of washing agent has been produced from higher alcohols (hydrogenated fats), sulphuric acid, and caustic soda. To the nurse it spells less work since it does not form insoluble salts with calcium, magnesium or iron ions, and consequently produces an excellent lather even in hard water. These "sulfate detergents" are effective "wetting agents"— that is, they increase the penetrating power of liquids.

Besides soap, the nurse must be familiar with other antiseptics, disinfectants, and germicides. Of importance here is the study of the chemistry of the phenols and cresols. The powerful germicidal property of phenol makes it understandable why a 3% solution is sufficient for the disinfection of instruments, rooms, materials, etc. Cresol is a better germicide, less poisonous, and rendered more soluble by the addition of soap. A derivative, thymol, is used to preserve urine because of its antiseptic properties.

One of the aldehydes — formaldehyde — polymerizes to form a white solid — paraformaldehyde — used for fumigating purposes. It combines with ammonia to form urotropine, a widely used urinary antiseptic, because of the slow liberation of formaldehyde in the acid urine.

Merthiolate, a mercury-sulfur derivative of salicylic acid, is also much used as a germicide for disinfecting tissues and instruments, since it is less toxic than mercuric chloride.

Another active germicide, interesting because of the once famous Carrel-Dakin method of irrigating infected wounds, is "chlorazene," a derivative of paratoluenesulfonic acid. Dichloramine-T, or paratoluenesulfon-N-dichloramide, has also been used in the treatment of infected wounds.

That infected wounds are not nearly so prevalent nowadays is due to another wonderful chemical synthesis — that of sulfanilamide and its many derivatives. It is probable that since Ehrlich's discovery of salvarsan, no chemical compound for medicinal purposes has been so widely used.

A powerful antiseptic is the halogen derivative, iodoform, since it decomposes with the gradual liberation of iodine. Because of its characteristic odor, it is used as a test for alcohol, acetone and compounds with similar structural formulae.

In the nursing arts, one of the substances that plays almost as active a part as soap is rubber. The nurse's understanding of the amazing syntheses of artificial rubber will enhance her interest in many of the technical aspects of her work. The diolefin, butadiene, the key compound of rubber synthesis, copolymerizes with other unsaturated compounds in the formation of various types of rubber.

That it, in turn, is made from ethyl alcohol is just one of the many important factors in the study of the alcohols. The uses of ethyl alcohols are legion. Since it coagulates albumin and inhibits the growth of bacteria, it is used to preserve biological specimens. It has been ascertained that a 70% solution is most effective as an antiseptic. It is used for soothing massage of the skin because it evaporates rapidly. It forms the bulk of tinctures and extracts; often the percentage in pharmaceutical preparations is relatively high — e.g., aromatic spirits of ammonia contains 62-68%.

The difference in the reaction to oxidation of methyl and ethyl alcohol would explain their physiological effects in the body. It is important for the nurse to realize that methyl alcohol is poisonous and, if consumed, gives rise to blindness because of its incomplete oxidation in the body, with the production of formic acid.

In surgical nursing, the nurse must be cognizant of the action and effects of the various anesthetics used. Consequently a knowledge of the chemical properties of these substances is of paramount importance. Chloroform has a tendency to decompose in the presence of light and air into the poisonous gas—phosgene. The necessity for insistence on keeping it in well-stoppered, amber-colored bottles will be apparent. Other halogen derivatives, methyl and ethyl chloride, are used as local anesthetics because of their rapid evaporation which causes a great amount of heat to be absorbed and consequently the tissue surface freezes. Cyclopropane, or trimethylene, a comparatively recent anesthetic, is popular because it is safer, powerful, non-irritating, and nontoxic. It is, however, inflammable. Ether, also inflammable, is preferred to chloroform, because the physiological effect can be better controlled. Its uses as a solvent are manifold.

In medical nursing, a practical knowledge of chemistry will enable the nurse to better evaluate the various treatments and drugs prescribed for such diseases as gastric ulcer, pneumonia, uremia, nephritis, arteriosclerosis, gout, diabetes, the metabolic diseases and the nutritional deficiencies, such as scurvy and rickets. The vast increase in the use of synthetic drugs makes it imperative for the nurse to know something of their origin in order to correlate them in her study of pharmacology. Lubricants, and the bases of many ointments and salves which the nurse makes use of, are by-products of petroleum — vaseline, albolene, nujol, etc.

An aromatic hydroxyacid derivative, phenyl salicylate, better known as Salol, is an intestinal antiseptic, as are also sodium, lithium and ammonium benzoates, derived from benzoic acid.

An interesting synthesis of hippuric acid by the kidneys is brought about by the combination of benzoic acid, obtained from fruits, vegetables and, to some extent, proteins, and the amino acid, glycine, obtained from the decomposition of proteins.

When the alkyl chloride, carbon tetrachloride, is used in the treatment of hookworms, the nurse must use precautions since its vapors produce a severe headache and also because of its untoward effect on the heart. This organic compound is also an excellent cleansing agent but, in using it for this purpose, when the nurse recalls its property of forming the poison, phosgene, she will not dilute it with water.

Among the many synthetic drugs administered for the relief of pain might be mentioned benzyl benzoate, an aromatic acid derivative, which has the qualities of the opium drugs without the habit-forming properties. A much-used hypnotic is the aldehyde—chloral. The alkaloids are another group of drugs dispensed in the hospital owing to their energetic physiological action in the body. Not only are they habit-forming but an overdose makes them very toxic. Since the alkaloids and their salts are precipated by tannic acid or a 2% solution of potassium permanganate, they are thereby made incapable of absorption. These and other so-called "alkaloidal reagents" are used as antidotes in alkaloid-poisoning cases. The alkaloids are not easy to identify but as a class they may be precipitated by phosphomolybdic and phosphotungstic acids. Sometimes they can be identified by color reactions with sulfuric acid and an oxidizing agent.

Other synthesized drugs are interesting. Para-aminobenzoic acid is the anti-grey hair factor in vitamin B. A derivative of it is used as a local anesthetic. A derivative of symmetrical diphenylethylene, stilbestrol, exhibits the properties of the female hormone — theelin.

In connection with hormones, it is interesting to note that neither ephedrine nor benzedrine are hormones, though their action is very similar to that of adrenalin, a hormone isolated from the adrenal cortex which is frequently used to constrict the blood vessels and thereby increase the blood pressure. It is one of the most powerful hemostatics known.

In regard to the multiplicity of clinical laboratory tests performed today, no nurse can be expected to know them all but a working knowledge of some of the simpler ones is feasible. Many of these have their origin in organic chemistry, for example—Benedict's test for sugar; Heller and Robert's tests for albumin; Benzidine and Guaiac tests for blood; P.S.P. test for kidney function and, using x-ray, the tetraiodophenolphthalein test for gallbladder function. Another phthalein of recent interest is fluorescein, a condensation product of phthalic anhydride, and resorcinol which yields a fluorescent solution in dilute alkali. In medicine, fluorescein is used to detect and diagnose foreign bodies in the cornea, etc.

It is difficult to know where to stop since organic chemistry enters so intimately into every phase of nursing. Through her study of organic chemistry, the nurse will not only be better able to correlate its numerous applications, but her grasp of the fundamentals of chemistry will also enable her to read with more intelligence the current literature relating to the nursing profession and this will result in a fuller development of her capabilities.

International Summer School

Senior nursing administrators who wish to gain some knowledge of how the social problems of industry and the community are being met in Great Britain are invited to enrol for a special institute to be held at Horsham, England, **August 11-22, 1952.**

The first part of the course deals with human relations in industry; the second with how the individual is served in entering industry; and the third with some problems of the community in relation to industry. The course is conducted on a conference basis. Living accommodation and dining room service are available for all registrants at Roffey Park Institute. The fee, which includes all course sessions, teaching excursions, and full residence is £18 ($55) per person. As attendance is limited to 24 members, any Canadian nurses contemplating participation are advised to apply immediately to: *The Secretary, Roffey Park Institute, Horsham, Sussex, England.*

As we think and discuss we come to realize how many of our difficulties are caused by legacies left us by those who have gone before us. The mistakes we are making now and our short-sighted plans will, in their turn, remain to plague those who come after us. It behooves us to think carefully, both to follow wise guidance from the past which we have been ignoring and to avoid making mistakes of our own.

Are we capable of thinking new thoughts and entering new paths?

—Mary Agnes Snively

Student Nurses

Gastroenterostomy

JOAN GREGORY

MR. JUDGE was admitted to hospital on November 9. His diagnosis on admission was duodenal ulcer and he was to be prepared for surgery.

Born in Ireland 81 years ago, Mr. Judge had never married and had no relatives in this country. He often used to show us pictures of his two nieces living in Ireland of whom he seemed to be very proud. He is retired from business and lives alone.

Mr. Judge claimed he had "enjoyed excellent health all his life" until recently. On October 20 he developed severe epigastric pain with vomiting and diarrhea. He admitted that he had had slight epigastric distress at intervals for the past ten years but that it had never been severe enough to upset him or send him to a doctor. This attack in October lasted four or five days and then lessened somewhat. Mr. Judge treated himself at this time with a quarter teaspoonful of soda bicarbonate every couple of hours. This relieved the pain and gas for short periods only.

On the day of admission to hospital he was given 1,000 cc. of intravenous fluid and fluids by mouth but no solid food. The antacid preparation, Amphojel, was given — drams ii, q.i.d. This drug is used in the treatment of ulcer because it neutralizes excess hydrochloric acid and also because it coats over the irritated ulcerated surfaces.

The next day custard and jelly was added to the fluid diet and Mr. Judge tolerated it all very well. His oral intake was sufficient the second day so that intravenous supplement was unnecessary. A stomach lavage was done at bedtime for the next three evenings to clean out the stomach in preparation for surgery. The returns from this treatment were clear, apparently normal stomach contents. No gastric retention was revealed.

The day before Mr. Judge's operation was scheduled, he was transfused with one bottle of blood and grouped and matched for three more bottles to be used post-operatively. A Levin tube was put into his stomach at bedtime the day prior to surgery with an order that it remain there during surgery. Wangensteen suction was attached to the tube and in this way the stomach was kept drained of contents immediately preoperatively. The suction was disconnected before the patient went to the operating room but the tube was kept in. Mr. Judge also received the routine preoperative care for major abdominal surgery—abdominal shave, enema the evening before surgery, hypnotic drug at bedtime and also in the morning one hour prior to surgery.

Mr. Judge's reaction to having

JOAN GREGORY

Miss Gregory is a student at the Winnipeg General Hospital School of Nursing.

surgery performed was not what might have been expected of an 81-year-old man. Apparently he had feared since the onset of symptoms that he had cancer and consequently was greatly relieved to know that it was an ulcer. He remarked on his way to the operating room that he had no more fear than he would have were he going to get his hair cut. During his preoperative period he kept happy doing crossword puzzles and conversing with his roommates. The minute you stepped on the ward you could hear his booming voice and hearty laugh.

The operation was scheduled for 8:00 a.m. on November 15. The induction anesthetic was intravenous pentothal—a barbiturate. This was followed by ether as the main general anesthetic. An injection of curare was also given. This drug is a valuable supplement to general anesthetics in that it produces good muscular relaxation.

The operative procedure consisted of an upper midline incision which revealed a large posterior duodenal ulcer penetrating into the pancreas. A posterior gastroenterostomy was performed.

On return to the ward Mr. Judge's condition was fair. His blood pressure was 115/70; pulse 84 and good quality; respirations 24, regular and deep. He was somewhat cyanotic, however, and continuous nasal oxygen was given for six hours by which time his color was good. Immediately on return the Levin tube was connected to a Wangensteen suction. The returns from this were carefully checked for the amount of bright red blood present. It was not excessive and, after eight hours, only dark red old blood was noted in the suction returns. Mr. Judge objected strongly to the Levin tube and 12 hours post-operatively he pulled it out. The suction was re-established immediately and similarly discontinued by Mr. Judge 12 hours later, although he insisted that the tube "fell out." He was tolerating his small oral feedings well by this time and suffering no nausea or feelings of fullness so no attempt was made to re-establish the suction that was so disturbing to him.

Immediately on return from the operating room Mr. Judge was placed flat in bed and passive arm and leg exercises were done every two hours for 24 hours, combined with supervised active arm and leg movements as soon as the patient was conscious. Since Mr. Judge was so old, and the possibility of venous complications developing was great, this was of vital importance. There was no difficulty in obtaining his cooperation in carrying out these exercises as he was only too glad to move about. The evening of his operation, before anyone went to assist him to sit up over the side of the bed, he was doing just that, quite determined that he was able to get up and go to the bathroom unescorted. The problem with Mr. Judge was one of seeing that he obtained sufficient rest.

Deep breathing exercises and carbon dioxide inhalation were carried out to prevent Mr. Judge from developing chest complications. His age and the fact that he had a high incision were both factors making him prone to develop this condition. The prophylaxis was successful and no such difficulty delayed his recovery.

Demerol 100 mg. was given for pain for the first 24 hours post-operatively. As Mr. Judge did not seem to suffer as much pain as is usual with major abdominal surgery, the order was reduced to codeine, gr. ½ p.r.n., for pain. After the first 48 hours, analgesic drugs were no longer required.

Preoperatively Mr. Judge's appetite had been poor and he had been content on fluids, custard and jelly. Post-operatively on the restricted diet on which he was placed, there were loud exclamations and suggestions of pork chops and beefsteak. Since diet is one of the most important considerations in the post-operative care of a patient following gastroenterostomy, I will outline in detail the dietary regime followed for Mr. Judge:

Day of surgery: No fluid was reained by the patient as the suction remained open constantly; however, 3 ounces of warm glucose water was given per ora as soon as Mr. Judge regained consciousness and then 2 ounces q. 2 h. throughout that day. Fluid was supplied by 3,000 cc. of intravenous fluid.

First day: Same routine of glucose water was continued but the suction was clamped for 20 minutes after each drink; 2,000 cc. of intravenous fluid was given.

Second day: Beef tea and clear weak tea were given, alternating with warm glucose water, oz.iii, q. 3 h. Patient had no suction in at this time. On this second day a Levin tube was put down at bedtime to check for gastric retention. There was found to be no retention of the fluid. Mr. Judge had been taking per ora so the tube was withdrawn and the diet orders were changed somewhat for the next day; 2,000 cc. of intravenous fluid was given.

Third day: Mr. Judge now enjoyed buttermilk, oz. ii, q.2 h., and retained it with no signs of gastric distress. Intravenous fluid, 2000 c.c., continued to supplement oral intake.

Fourth day: Since Mr. Judge was obviously tolerating his diet very well the doctor allowed him to have any fluids he wished in small amounts q.2 h. His oral intake was good and only 1,000 cc. of intravenous fluid was given to supplement it.

Fifth day: The same regime was followed, with the addition of custard and jelly at mealtimes. All this diet was heartily enjoyed by Mr. Judge who at this time was constantly complaining of hunger. Intravenous therapy was now considered unnecessary.

Sixth and seventh days: Mr. Judge was happy! He was put on six feedings of soft solid food spaced at 6:00 a.m., 9:00 a.m., 12 noon, 4:00 p.m., 8:00 p.m. and 11:00 p.m.

Eighth to eleventh days: Five feedings of soft bland, non-fatty, non-irritating food were given. These were enjoyed and tolerated well. Mr. Judge was discharged from hospital on the eleventh day post-operatively.

There was no special problem of wound care. The sutures were removed on the seventh day, the incision being well approximated and free from infection.

The only real nursing problem during the convalescent period was to explain to Mr. Judge the need of a certain amount of rest. He was rather hard of hearing at the best of times and his deafness always seemed more complete when a nurse tried to explain the need of rest or, as a matter of fact, when anyone tried to talk him into anything with which he did not agree.

Since Mr. Judge lived alone and would be managing his own diet, a dietitian came up to the ward to explain the details to him. He was instructed to avoid all acid food, highly spiced and fatty foods. He was also told not to eat raw fruits or coarse food of any kind. Mr. Judge was not too happy with the prospect of this restricted diet but he seemed to realize the importance of following instructions. He studied his diet lists carefully and discussed them at great length with every nurse who entered his room.

He was instructed by his doctor to avoid all forms of alcoholic beverages which he proclaimed vehemently was no hardship as he had "never developed the habit." The doctor also told him that smoking should be avoided, at least in excess. Mr. Judge, despite explanations that tobacco stimulated acid production in the stomach and aggravated his condition, could see no sense in this advice. I very much doubt that he will give up his precious pipe.

Before he left hospital he was reminded of his appointment to see his doctor in two weeks' time and told that any time that he had any recurrence of symptoms or felt unwell in any way he should visit his doctor immediately. It was a happy, yet sad day for all the staff when this white-haired old gentleman with the twinkling eyes was discharged. As he left he said that he would like to stay for a while longer. His parting words were, "I've never enjoyed myself better."

Nursing Profiles

One of Canada's outstanding nursing leaders, who is almost as well known internationally as she is nationally, has retired. **Edith Kathleen Russell,** a native of Windsor, N.S., a distinguished alumna of the Toronto General Hospital, and director of the School of Nursing, University of Toronto, since its inception, has relinquished her heavy responsibilities. We are most grateful to the *University of Toronto Alumni Bulletin* for permission to reprint the glowing tribute to Miss Russell written by one who shared the burdens of the School of Nursing for so many years with her — Miss Florence H. M. Emory, associate director:

> After more than 30 years of association with the University of Toronto, Miss Russell leaves as testament to her brilliance and devotion a school the philosophy and methods of which have received national and international recognition. Commencing in a modest way in 1920 with certificate courses for graduate nurses the school has grown until a basic course in nursing, leading to a degree, has been placed on a sound footing within the walls of the university.
>
> However, the fact that under Miss Russell's guidance a degree course in nursing is thus given is not her claim to distinction in the annals of nursing education. It is rather the adoption of progressive educational principles and methods in achieving this end, a process through which general and professional education are so blended as to ensure the enhancement of both throughout the entire basic course. Moreover, she has held a philosophy which considers a study of the health and social implications of nursing to be as essential to the preparation of a good practitioner as is a knowledge of the clinical field. For years she has shared the view that for those who must give leadership in nursing affairs, participating with other professional groups in the councils of the community, a general education both broad and deep, enriching and being enriched by sound professional training, is a necessity. With her, thought has eventuated in action. Generously endowed with creative imagination she not only brought into being a school which exemplifies this philosophy but through painstaking effort has developed a staff which will perpetuate its ideals. Nor is this all. Scores of students from this and other countries have been stimulated to apply the philosophy and methods of the school in a solution of their own professional problems.
>
> It might be expected that a scholarly mind such as Miss Russell's would be content to confine its attention to matters within the university. On the contrary, she has conceived the education of nurses to be a medium through which improved community service might be effected. Always her thinking has been tempered by the degree to which a certain policy might bring more support, more comfort to the recipient of nursing. Thus she has sought to explore the resources of the university and to channel them for the enrichment of professional service. In this objective she has had the active support of her colleagues. Similarly she has been anxious to share with the profession at large the benefits to be derived from an acceptance of the principles underlying her own creative work. Having been in-

Ashley & Crippen

E. KATHLEEN RUSSELL

strumental in establishing a university school on a sound educational basis, with the tangible help of the Rockefeller Foundation, she shared in persuading the Canadian Red Cross Society and the Canadian Nurses' Association to sponsor jointly a demonstration school associated with a hospital in Windsor, Ontario. She is contributing also to the education of nurses throughout the world as a member of the Council of the educational branch of the International Council of Nurses.

During her career Miss Russell has been the recipient of many honors — among them the degree of D.C.L. (*honoris causa*) from her alma mater, King's College, Nova Scotia; the Mary Agnes Snively Award from the Canadian Nurses' Association; and the Florence Nightingale Medal from the International Committee of the Red Cross. In fact there has been general recognition of the sterling qualities which have contributed to her professional stature, excellence in ideal and performance, a capacity for critical judgment, an unswerving integrity of purpose and all of this embodied in one who is as unassuming in manner as she is forceful in debate. Given leisure it is hoped that a facile pen will record for publication her thoughts on the philosophy of nursing education.

Friends within and without the university, in Canada and beyond, will wish for Miss Russell the satisfactions and memories which are the just reward of one whose spirit and work will continue to inspire the profession which she adorns.

With the demonstration of the independent school at Metropolitan Hospital, Windsor, Ont., nearing its completion, **Nettie Douglas Fidler** has turned the reins of authority there over to her assistant, **Eleanor Jean Martin,** and has returned to the School of Nursing, University of Toronto, as the director.

Like most young nurses who graduated soon after World War I, Miss Fidler engaged in private nursing when she completed her training at the Toronto General Hospital. She returned to the staff there very shortly and served successively as head nurse in the Emergency, night supervisor, and instructor. Holding her Bachelor of Arts degree from the University of Toronto, Miss Fidler has also engaged in post-graduate study at the McGill School for Graduate Nurses and at the University of London. She served as director of nursing of the Toronto Psychiatric Hospital and of the Ontario Hospital in Whitby before she joined the teaching faculty of the School of Nursing. She was released from the latter position to organize and administer the demonstration in nursing for the Canadian Nurses' Association.

NETTIE D. FIDLER

Professional association work has claimed a great deal of Miss Fidler's time, ability, and enthusiasm. She has served as president of the Registered Nurses' Association of Ontario. A recognized authority on the legal aspects of nursing she collaborated with Dr. K. Gray in the writing of "Law and the Practice of Nursing." For several years she was chairman of the Committee on Legislation, Constitution and By-Laws of the Canadian Nurses' Association. Last autumn Miss Fidler was appointed for a three-year term as one of the two women on the Dominion Council of Health. This body, composed of the provincial deputy ministers of health and five other persons, meets in Ottawa twice annually to discuss health problems and means of coping with them. Busy as she is, Miss Fidler still finds time for her hobbies — reading and good music.

Sylvia Agnes Davidson, who was born and educated in Winnipeg and who received her professional training at the McKellar General Hospital, Fort William, Ont., is now the director of nurses and of nursing education there. Miss Davidson served as a nursing sister with the R.C.A.F. during World War II.

Beatrice D. Davis is superintendent of nurses at the General Hospital, Portage la Prairie, Man. A graduate of the Children's Hospital, Winnipeg, Miss Davis engaged in post-graduate study at the University of Western Ontario, London. She has served as a member of the examining board of the Manitoba Association of Registered Nurses and is currently a member of the M.A.R.N. Board of Management.

BEATRICE D. DAVIS

Jessie E. M. Porteous, who was matron of the nursing service of the R.C.A.F. during World War II, has assumed her duties as director of nursing at the St. Catharines General Hospital, replacing E. Bell Rogers who plans to return to school teaching. Mrs. Porteous, a graduate of Saskatoon City Hospital and of the McGill School for Graduate Nurses, was formerly director of nursing at the Saskatoon City Hospital and more recently at the Greater Niagara General Hospital.

Jacoby, Montreal

JESSIE PORTEOUS

ELIZABETH REED

Elizabeth Reed, national supervisor with the Victorian Order of Nurses in Quebec, New Brunswick, and Ontario, having been granted a Victorian Order scholarship and a year's leave of absence, is taking post-graduate studies at Teachers College, Columbia University. The supervision of Miss Reed's districts has been taken over by **Evelyn Pibus,** who is a graduate of the Montreal General Hospital and of the course in public health nursing at McGill University. She has also had additional post-graduate work at Teachers College. Miss Pibus has had long experience as the assistant to the district superintendent of the Greater Montreal Branch. **Mary Ferguson** is filling the assistant's position in Montreal this year. Miss Ferguson is well known in Ontario where she has served as national supervisor for the past 14 years. **Grace Versey** is substituting in the supervision of Miss Ferguson's districts. She is a graduate of the Illinois Training School for Nurses, Chicago, and the course in public health nursing, University of Western Ontario, London. Miss Versey has worked as staff nurse in London and nurse-in-charge of the Oshawa, East York, and London branches.

An interesting old-timer in nursing is **Elizabeth Mary (Currie) Humble** of Bromhead, Sask. A graduate of a Scottish hospital in 1914, Mrs. Humble joined the army nursing services at the outbreak of World War I and was attached to the Third Scottish General Hospital until 1921. She was on loan to the U.S. Army during the influenza epidemic of 1918. She received a medal from them in recognition of her service.

Coming to Canada in 1921, Mrs. Humble worked in Winnipeg for a short time before moving to Bromhead. Finding no hospital facilities available there, she secured the cooperation of interested citizens in building a two-room clinic and an office for a doctor. Though medical services were available from time to time, for the greater part of the past 25 years, Mrs. Humble has been the only one capable of providing professional services in Bromhead.

Maternity care has provided many unusual experiences. On one occasion, caring for a very ill post-partum patient who had been delivered by a local midwife, Mrs. Humble noted there were no sterile supplies and very little water. The helpful (?) midwife, overhearing the comment regarding water shortage, emptied the dish-pan into the kettle of sterile water that had been set to cool !

In 1939, Mrs. Humble was instrumental in organizing a branch of the Red Cross Society in Bromhead. She taught the women home nursing and kept them interested all through World War II. This small group made a quilt each week during the war.

Beloved in her community, Mrs. Humble has nursed in every home in Bromhead since her arrival there in 1923.

In Memoriam

Ruby (Fraser) Allen, who graduated from St. Boniface (Man.) Hospital in 1932, died at Souris, Man., in January, 1952.

* * *

Sister Alype, who had held many positions of responsibility at St. Paul's Hospital, Vancouver, died on February 9, 1952, at the age of 82. After serving for a long period as supervisor in the obstetrics department, Sister Alype became night supervisor for the entire hospital. For 10 years prior to her retirement from active duty she was in the admitting office.

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Mrs. Anna Maria Austin, a pioneer nurse in Edmonton, died in Daysland, Alta., on February 20, 1952, at the age of 88.

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G. Viola Beers, a native of Charlottetown, P.E.I., who received her nursing training at Deacons Hospital, Boston, died in Montreal on March 12, 1952. Miss Beers went overseas in 1917 with the Harvard University Hospital Unit. In England she transferred to the C.A.M.C. and served as a nursing sister until the end of World War I. She joined the staff of the V.O.N. in 1920, then went to the Montreal Child Health Association three years later. She retired from active duty in 1940.

Sister Mary Bertille, who had been a member of the congregation of the Sisters of St. Joseph for 67 years, died in London, Ont., on February 21, 1952, at the age of 89. Sister M. Bertille was nursing superintendent of St. Joseph's Hospital, London, when it was established. She also served in hospitals at Chatham, St. Thomas, and Belle River. She had been on the staff of Mount St. Joseph Orphanage for 25 years.

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Marjorie (Campbell) Blatchley, who graduated from the Ottawa Civic Hospital in 1927, died in Ottawa on January 27, 1952.

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Mary Melissa Crane, one of the first graduates of the Amasa Wood Hospital, St. Thomas, Ont., died there on April 4, 1952, in her 83rd year. Until she retired some 15 years ago, Miss Crane had spent an active life nursing in and around St. Thomas.

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Agnes P. Hache, who graduated from St. Joseph's Hospital, Glace Bay, N.S., in 1911, died at Shediac, N.B., on February 27, 1952. Miss Hache served as night supervisor at St. Joseph's for six years following graduation, then joined the Victorian Order of Nurses. In 1920 she completed her public health nursing course at the University of Toronto and engaged in school nursing in Ontario for several years. She went to Bathurst, N.B., in 1928 and engaged in public health nursing work there for five years until ill health forced her to retire.

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Frances W. Hudson, a graduate of the Hospital for Sick Children, Toronto, died in Ottawa on March 8, 1952, following a lengthy illness. Miss Hudson joined the staff at H.S.C. after graduation and remained for a number of years. She later served as superintendent of Bowmanville General Hospital, assistant superintendent of nurses of the Children's Hospital, Halifax, and in several other well known institutions. Latterly, she engaged in private nursing in Ottawa.

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Ruby Hull, a graduate of the Moncton Hospital, died in Halifax on February 23, 1952. Miss Hull was on the staff of the Toronto General Hospital for some time prior to her enlistment with the nursing service of the Royal Canadian Navy during World War II. Following her discharge, Miss Hull was appointed matron of the Collegiate School, Rothesay, N.B. Ill health obliged her to retire.

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Mildred Marion Kirk, a graduate of Fulham and Middlesex Hospitals, London, Eng., and since 1927 a member of the staff of King Edward VII Memorial Hospital, Bermuda, died on February 11, 1952, following a lengthy illness.

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Eileen (Vincent) Lounsbury, who graduated from the Saint John General Hospital in 1942, died at Sunny Brae, N.B., after a brief illness. Mrs. Lounsbury engaged in private nursing in Moncton for some time prior to her marriage.

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Mary Luella (Bailie) Martin, who graduated from Holy Cross Hospital, Calgary, in 1913, died in Calgary on February 27, 1952. Mrs. Martin served overseas with the C.A.M.C. during World War I.

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Isabel Gordon McElroy, who graduated from the Ottawa General Hospital in 1905, died there on March 5, 1952, after an illness of some months. Following graduation Miss McElroy engaged in private nursing until her enlistment with the C.A.M.C. in 1915. After overseas service she returned to Ottawa and private nursing until she became night supervisor at O.G.H. in 1925. She retired from active work in 1946.

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Margaret Alice McNaughton, a graduate of the Vancouver General Hospital, died suddenly in Ann Arbor, Mich., on March 13 1952. Qualified as a teacher in home economics before she entered nursing, Miss McNaughton had a most successful and colorful career. After holding administrative positions in several hospitals in the U.S.A., she spent seven years in travel and hospital work in Europe, South Africa, and the Middle East. Her most recent work was as educational director of the Foote Memorial Hospital in Jackson, Mich.

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Harriet Tremaine Meiklejohn, who graduated from Presbyterian Hospital, New York, in 1906, died suddenly in Toronto on April 9, 1952, at the age of 75. Miss Meiklejohn's long and distinguished career in nursing began when she took charge of the Nassau Hospital Training School, Mineola, L.I. Subsequently she became a superintendent of nurses in Montclair, N.J. She served as a nursing sister in World War I. At her own expense she went overseas and was attached to the C.A.M.C. in France. She was awarded the R.R.C. for distinguished service. Returning to Canada, she took post-graduate work in public health nursing at the University of Toronto. She worked in Ontario for a year then went to Saint John where she was instrumental in establishing the health centre, public clinics, and a branch of the Victorian Order of Nurses. In 1925 she was appointed superintendent of the St. Catharines General Hospital and two years later went to Toronto as superintendent of the Women's College Hospital. She retired in 1944. The alumnae association since then has established an annual scholarship to perpetuate her memory.

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Rebecca Janet Moffatt, who graduated from the Montreal General Hospital in 1895, died in Montreal on March 13, 1952. Miss Moffatt had retired from active nursing many years ago.

* * *

Mary Belle Munro, who graduated from the Royal Victoria Hospital, Montreal, in 1914, died in Montreal on April 11, 1952. Miss Munro had engaged in private nursing throughout her professional life.

* * *

Laura (Giroux) Newman, who graduated from the Montreal General Hospital in 1925, died at St. John's, Mich., on March 25, 1952.

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Hazel (Spencer) Plant, a graduate of the Springhill (N.S.) Hospital, died suddenly in Moncton on March 12, 1952.

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Isobel Rowlin, who graduated from the Women's College Hospital, Toronto, in 1944, died on March 18, 1952, following an illness of three months. Miss Rowlin had engaged in private nursing since graduation.

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Orpha Smith, who graduated from the Ottawa Civic Hospital in 1939, died there on October 11, 1951, after a long illness. Miss Smith served as a nursing sister with the R.C.A.M.C. during World War II.

* * *

Helen Liddle Stark, died at Sidney, B.C. on February 27, 1952, at the age of 72. Miss Stark left Victoria in 1916 to join the Queen Alexandra Imperial Military Nursing Service. Transferring later to the C.A.M.C., she was awarded the A.R.R.C. for distinguished service. She was on the staff of St. Paul's Hospital, Vancouver, for many years after World War I.

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Eunice (Ebert) Van Buren, who graduated from St. Boniface (Man.) Hospital in 1928, died at Noranda, Que., in December, 1951.

* * *

Greta Wilson, who graduated from the Ottawa Civic Hospital in 1927, died at Ottawa on September 9, 1951, after a lengthy illness. Miss Wilson had engaged chiefly in nursing in a doctor's office.

* * *

Rachel Wood, who graduated from the Montreal General Hospital in 1913, died in Toronto on March 17, 1952. Much of Miss Wood's professional career was spent in England and in the United States.

Institute for Head Nurses and Supervisors

"The head nurse creates the personality of the hospital. She stands as an ideal, a criterion, and an inspiration to those she supervises." During the first week of January, and again in February, the supervisors and head nurses at St. Mary's Hospital, Montreal, were made aware of their functions and responsibilities as key people in the hospital set-up. Sister Keegan of Marguerite d'Youville Institute conducted the courses, drawing on her preparation and wide experience in order to make the lectures practical. From 9:00 a.m. until 4:30 p.m. each day for one week, lectures and discussions were in order. The supervisors and head nurses were divided into two groups and each group was relieved of hospital responsibilities for the whole period in order to attend this institute on the principles of administration and their practical applications to ward situations.

"Good nursing considers the whole patient — body, mind, and spirit — and recognizes him as an individual." Sister emphasized that the patient is the most important person in the hospital which, in fact, exists primarily for him, as all other functions of a hospital are secondary. Better nursing care means better patient care.

As hospitals become more complex, they require good organization. Sample organization charts showed not only the lines of authority but also the relationship of personnel, giving each one an idea of her place in such an organization. The duties and responsibilities of the hospital administrator, the director of nursing service, as well as those of supervisors and head nurses, were discussed in detail. The key words in supervision are "leadership" and "guidance." True efficiency is not based on mere discipline but arises from cooperation with the head.

Those who took the course were most enthusiastic about it. Whether it reviewed principles or imparted new ideas we considered it very worthwhile. It gave these busy people an opportunity to view their work and positions in a new light and they returned at the end of the week with renewed vigor and inspiration.

Sister M. Felicitas
Director of Nursing.

Foot exercises not only keep feet supple but also help to prevent tiredness. Picking up marbles with the toes, walking around the room on the outside edges of the feet and alternately rising and lowering on the toes are all helpful ways of keeping the feet in good condition. Daily bathing, proper drying, and a dusting with good foot powder will help.

Trends in Nursing

Brazil 1953

The headquarters of the International Council of Nurses has announced that the date of the opening of the I.C.N. 10th Quadrennial Congress will be July 13, 1953, and that the Congress will probably last for approximately five days. Meetings will be held, during the previous week, of the I.C.N. Board of Directors and Grand Council, the Board meetings opening on Monday, July 6. All meetings, as well as the Congress, will be held in Rio de Janeiro.—*I.C.N. News Letter*, Mar. 1952.

Nursing Education

It is hoped that reorganization of the training program in the University of Michigan School of Nursing will stimulate recruitment to meet the national needs in the U.S.A. in peace or in war. This university is offering a Bachelor of Science degree as well as the certificate of Registered Nurse in four calendar years. The new program, which goes into effect in September, 1952, neither lowers nor raises the standards. It broadens the standards of nursing education to keep pace with changing concepts. In recruitment programs it is necessary to offer assurance on two scores: general education to satisfy the broadest interests of the ambitious young woman and technical knowledge to equip her for skilled work.—*Public Health Economics*, Mar. 1952.

Summer Schools for Overseas Visitors to Great Britain

A series of attractive summer schools and short courses arranged by the British Council will be available to overseas visitors to Britain during the coming season and will be held at the universities of Birmingham, London, Nottingham, Oxford, St. Andrews, and many other centres in Great Britain.

Among the many subjects covered will be: Diet in Health and Disease; Anesthesia; Engineering Aspects of Public Health; and Nursery and Infant Education in England and Wales.

Medical Teaching Missions

Medical teaching missions, among the newest types of medical educational projects, are for WHO among the oldest in which the Organization has engaged. The first two projects of this nature were organized by UNRRA during World War II. Latest projects have been the missions to Israel and Iran.

Medical teaching missions, varying in size from 8 to 14 members, consist of scientists of international reputation who occupy prominent teaching positions in their home countries. Post-graduate training courses are, as a rule, also conducted by the visiting professors, in close cooperation with the faculties of the host medical schools. Since the project is of relatively short duration, the utilization of the time available to the best possible advantage requires meticulous preparation on the part of the hosts and also the visiting scientists. It generally takes from eight months to a year to prepare a teaching mission.

A mission's activities consist largely of informal exchanges of views in the course of ward rounds, small group discussions, seminars, and other meetings. The diverse activities of a teaching mission, if carefully integrated and selectively applied according to a country's needs, extend into virtually all aspects of medical and health work —into teaching, research, and public health administration.

The word "teaching" is a rather misleading term as applied to this type of project since both visiting and local scientists teach and learn at the same time. There is truly an *exchange* of scientific information and ideas in the course of a teaching mission.

In all instances the general public

of the countries visited has taken the greatest interest in the activities of the members of the mission. Through the daily press and the radio, the public is kept informed about the work being carried on jointly by their own scientists and by their guests.—*WHO Chronicle*, Jan. 1952.

Training and Utilization of Auxiliary Personnel

The increasing demands of medical and allied services due to lengthening of life expectancy in many countries of the world, developing health services, and expanding programs in health education has spotlighted shortages in the ranks of professional personnel. This has led to studies of the functions and use of professional personnel available and, in order that their contribution to the total health picture may be more effective, the delegating of some of their duties to suitably trained non-professional auxiliary workers.

This interest in the appropriate use of non-professional auxiliary personnel has been studied by the World Health Organization and a recent issue of its *Chronicle* reports group discussions regarding specific categories of workers in various branches of health services:

> (a) Those who performed some of the functions of registered doctors — more particularly in the major fields of medicine and public health.
>
> (b) Those who act as nursing assistants.
>
> (c) Those who perform functions in connection with midwifery.
>
> (d) Those who act as assistants to, or in place of, sanitary engineers.
>
> (e) Those who act as assistants to, or in place of, registered dentists.
>
> (f) Those who assist or function in some respects in place of fully qualified medical laboratory technicians.

World Health Day

"Healthy Surroundings Make Healthy People"—the theme for the observance of World Health Day in 1952—points to a goal shared by all nations. It shows where some of the problems lie which must be solved if efforts to improve health throughout the world are to succeed.

Despite the magnificent progress made by medical science, three out of every four men, women, and children in the world still suffer from diseases spread by unsafe water supplies, unsanitary excreta disposal, uncontrolled insects and rodents, and inadequate protection of milk and other foods. The responsibility for this tragic wastage of human life and energy rests with each of us, individually—in our threefold capacity as members of the family and of the local community and as citizens of a shrunken world.

Each of us needs to realize that sanitation is, after all, a way of life. Whether we live in a "developed" or an "underdeveloped" country, it is our duty both to ourselves and to our neighbors to practise certain elementary principles of hygiene which can be applied with little, if any, expense by individuals and families. By keeping a clean home, a clean shop, a clean factory, and a clean neighborhood, we are meeting one of the first requirements for our own health and for a healthy community.

But we must go beyond this—we must also support fully the establishment and development of local and national programs in community sanitation.

Finally, as citizens of a world where all men have become neighbors, we must share with one another the things we learn about promoting health and preventing disease through the techniques available to the modern science of environmental sanitation.—Dr. Brock Chisholm, Director General, World Health Organization, in *WHO Newsletter*, Mar. 1952.

Mental Health

The Fourth International Congress on Mental Health was held at Mexico City in December, 1951. Almost 1,000 delegates, representing 35 countries and 70 member-associations, attended the meetings. Simultaneous translations at all sessions removed any language barrier.

The mornings were set aside for technical meetings and discussion groups on given topics. Each afternoon a plenary session was held at which papers were presented on topics of more general interest in the mental health field. On the last day of the Congress an over-all assessment was made, again in plenary session, and the reports and recommendations from the discussion groups were received.

A considerable number of Mexican nurses attended the Congress and all seemed to be much interested in its work. It is stimulating and timely to recall that the president of the United Nations Assembly is presently a Mexican, as is true of the director general of Unesco; that Mexican scientists are very active as members of various U.N. Secretariats and Expert Committees.—*Canadian Mental Health Association.*

What are the signs of mental health? Not merely the absence of disease but deeply-felt happiness. Mental health is the adjustment of human beings to the world and to one another with a maximum of effectiveness. It means having the ability to maintain an even temper, an alert intelligence, an acceptable social behavior, and a happy disposition. The mentally healthy person knows himself, accepts himself, and is himself. As Dr. Griffith Binning says:

> Mental health consists in the attainment of emotional maturity, in the ability of the individual to face the storms of life alone efficiently.

In helping to restore people to mental health, the mental hospital still holds the position of chief importance. Recognizing this, the federal government announced health grants four years ago which included provision for an extensive program of mental health research, treatment, and prevention.

The mental health service in a community commonly begins with the mental health clinic, which is a team of professional specialists in three fields of knowledge: psychiatry, psychology, and psychiatric social work. The work of these clinics, expanded under the government grant, should lessen the number of patients requiring further care in hospitals. The clinics, as well as being important preventive agencies, provide the best means of treating many people who need specialized attention but not hospital care.—*Monthly Letter of Royal Bank of Canada*, Mar. 1952.

Public Health Nursing Personnel

The recruitment and maintenance of an efficient, qualified professional and technical staff is the major problem facing official health agencies today. While there has been an increase in the number of personnel employed by health agencies in Canada since 1948, there has also been an attempted extension of health services to a considerable number of communities previously not supplied. These new agencies have made the over-all shortage of trained public health personnel more acute and the apparent gain in total personnel is not as encouraging as it appears at first glance. Many agencies are still understaffed.

From the "Report on Salaries and Qualifications of Public Health Personnel," it was noted that the trend in public health nursing salaries shows as much variation as in any other public health group reviewed. Salaries suggested for the various groups are considered to be the minimum salary that should be used for that particular position or grade anywhere in Canada. In some areas qualified public health staff nurses are now being offered as a minimum more than most staff nurses were offered as a maximum in 1948.

The agencies that have been successful in establishing higher salary schedules than those suggested are to be congratulated as they not only offer leadership to other groups but are bringing nursing salaries more in line with those obtainable in comparable professional positions. In most agencies the salary range is limited to a few hundred dollars between minimum and maximum and the fact that the maximum is reached in a few years tends to destroy the incentive for remaining in this field.—*Canadian Journal of Public Health*, Feb. 1952.

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Orientation et Tendances en Nursing

AU BRÉSIL EN 1953

Le quartier général du Conseil International des Infirmières annonce que le prochain congrès, d'une durée de cinq jours, aura lieu à Rio de Janeiro le 13 juillet 1953. Les réunions du Comité de Régie et des directeurs auront lieu durant la semaine précédant le congrès.

LE COURS D'INFIRMIÈRE

L'Ecole d'Infirmière de l'Université de Michigan offre, à partir de septembre 1952, un cours de quatre ans donnant droit à un baccalauréat en nursing et à l'enregistrement. Ce cours ne diminue ni n'augmente les standards reconnus comme nécessaires à la formation de l'infirmière mais ils les intensifient de façon à les adopter aux besoins actuels. Ce nouveau programme favorisera, il est à espérer, le recrutement des étudiantes infirmières. Il répond bien aux aspirations de la jeunesse en donnant à la jeune fille la plus ambitieuse une éducation d'un intérêt général et une connaissance technique lui permettant de faire son travail avec compétence.

COURS D'ETÉ POUR LES TOURISTES EN GRANDE-BRETAGNE

Une série de cours très intéressants seront donnés durant l'été aux universités de Birmingham, Londres, Nottingham, Oxford, St. Andrews, et dans d'autres villes du pays. Ces cours ont été organisés par le Conseil des Infirmières de Grande-Bretagne et porteront sur les sujets suivants: nutrition et diétothérapie; l'anesthésie; aspects sanitaires en hygiène publique; l'organisation des pouponnières; et les soins donnés aux nourissons en Angleterre et au Pays de Galles.

MISSION MÉDICALE

La mission d'enseigner confiée à un groupe de professeurs, huit à quatorze, reconnus internationnellement pour leur service et jouissant dans leur pays d'une grande réputation, semble être un projet cher à l'O.M.S. Les deux premières missions de ce genre furent organisées durant la deuxième guerre par UNRRA. Actuellement c'est l'Etat d'Israel et l'Iran qui bénéficient de l'enseignement dispensé par ces savants.

Ordinairement des cours post-scolaires

sont organisés par les professeurs venant de l'étranger en étroite coopération avec la faculté de médecine du pays. Ces cours se donnent très rapidement et nécessitent ordinairement une préparation de 8 à 12 mois.

Le travail de la mission consiste surtout en un échange de points de vue, au cours de visites dans les salles d'hôpital, en discussion par petits groupes, en journées d'études, etc.

Si ces professeurs sont chargés d'enseigner ils apprennent aussi beaucoup: les problèmes locaux, les besoins de la population variant d'un pays à l'autre. Ces missions constituent en quelques sortes un bureau d'échange où tous les aspects de la maladie et de la santé sont présentés. Le public s'intéresse vivement à ces missions. Les journaux et la radio le renseignent sur le travail accompli par les membres de la mission et par les médecins de leur pays.

Formation et Utilisation du Personnel Auxiliaire

La prolongation de la durée de la vie dans bien des pays du monde, le développement des services de santé et des programmes d'enseignement en matière de santé sont autant de causes qui ont attiré l'attention sur la pénurie du personnel professionnel.

Il s'en est suivi une étude des fonctions et de l'utilisation du personnel professionnel disponible et pour que leur contribution soit plus efficace il semble être utile de déléguer quelques-unes de leurs fonctions à un personnel auxiliaire non-professionel, bien préparé.

La délégation à un personnel auxiliaire non-professionnel a été étudié par l'O.M.S. et dans *Chronique*, journal de cet organisme, l'on rapporte des discussions concernant les diverses catégories de personnel auxiliaires employés dans les services de santé tels que: (1) Les auxiliaires exerçant certaines fonctions des médecins diplômés; (2) les auxiliaires employées comme aides-infirmières; (3) les auxiliaires s'occupant d'accouchement et de soins aux parturientes; (4) les auxiliaires assistant ou remplaçant les ingénieurs sanitaires; (5) les auxiliaires assistant ou remplaçant les dentistes diplômés; (6) les auxiliaires assistant ou remplaçant à certains égards—les techniciens qualifiés des laboratoires médicaux.

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faire réfléchir à un but que toutes les nations désirent atteindre — une meilleure santé à travers le monde. En nous montrant quelques-uns des problèmes que se posent l'O.M.S., nous fait réaliser nos responsabilités. Malgré les progrès extraordinaires de la science médicale trois personnes sur quatre souffrent de maladies transmises par de l'eau polluée, par des insectes et des rongeurs, par la disposition non sanitaire des déchets organiques, et par la conservation inadéquate du lait et des aliments. La responsabilité de ce gaspillage de vie humaine tombe sur chacun de nous comme membre d'une famille, d'une société et comme citoyens d'un monde où les distances se trouvent abolies, grâce aux moyens rapides de communications.

Chacun devrait réaliser que la salubrité publique résulte de notre manière de vivre; que ce soit dans un pays peu ou très civilisé il est de notre devoir envers nous-même et envers autrui d'observer certains principes élémentaires d'hygiène qui peuvent être appliqués sans beaucoup de frais par toutes les familles.

Garder propre sa maison, sa boutique, l'usine et le voisinage est une des premières règles à observer pour avoir une bonne santé. Mais il faut faire davantage et contribuer à l'établissement et au développement d'un programme de salubrité publique local ou national.

Enfin de compte, comme citoyen d'un monde ou tous les hommes sont devenus frères, il faut partager nos connaissances, enseigner les techniques que nous possédons, celles qui sont inspirées par la science moderne; ce n'est qu'en agissant ainsi que nous favoriserons l'épanouissement de la santé et la prévention des maladies.

L'Hygiène Mentale

Le quatrième Congrès International de l'Hygiène Mentale a eu lieu au Mexique en décembre 1951. Environ mille délégués de 35 pays y assistèrent. Toutes les difficultés de language furent abolies par une traduction donnée, à toutes les sessions, simultanément à la présentation des travaux.

Un grand nombre d'infirmières mexicaines assistèrent à ce congrès.

Quels sont les signes de la santé mentale? La santé mentale ne consiste pas simplement en l'absence de maladie mais en une profonde joie de vivre. Lorsque l'adaptation de l'être humain au milieu et aux personnes avec lesquelles il vit lui permet de remplir sa tâche avec le plus d'efficacité, l'on peut dire que la santé mentale est bonne. La santé mentale se manifeste par une humeur égale, une in-

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telligence alerte, une acceptation des règles de comportement social, et par de bonnes dispositions. La personne qui jouit d'une bonne santé mentale se connaît, s'accepte telle qu'elle est, et est elle-même en tout. Comme le disait le Dr. Griffith Binning: "La santé mentale consiste à atteindre la maturité émotionnelle et à être capable individuellement de faire face aux tempêtes de la vie."

En aidant aux gens à retrouver leur santé, l'hôpital pour malades mentaux joue un rôle de premier plan dans le rétablissement de la santé mentale. Les gouvernements ont reconnu l'importance du rôle de ces institutions. En conséquence des octrois ont été accordés pour l'extension des programmes d'hygiène mentale pour la recherche et pour les traitements et la prévention.

Dans tout programme de santé mentale l'établissement d'une clinique d'hygiène mentale est la première chose à faire. Le personnel de cette clinique est constitué par une équipe professionnelle: psychiatre, psychologue et d'une auxiliaire sociale psychiatrique. Le travail de ces cliniques, devenues plus nombreuses grâce aux octrois accordés par les gouvernements, devrait diminuer le nombre de malades nécessitants des soins dans les hôpitaux psychiatriques.

LES INFIRMIÈRES EN HYGIÈNE PUBLIQUE

Le recrutement et le maintien d'un personnel adéquat en hygiène publique semble un problème commun à toutes les agences de santé. Malgré l'emploi d'un plus grand nombre d'infirmières l'extension consistante des services de santé amène toujours le même résultat—une pénurie d'infirmière qualifiée en hygiène publique. Presque partout le personnel est insuffisant.

D'après le rapport récemment publié concernant les salaires et les qualifications du personnel en hygiène publique, les salaires des infirmières varient autant que dans les autres groupes. Les salaires proposés sont considérés comme le salaire minimum pour une infirmière qualifiée en hygiène publique. Ce minimum excède le maximum de salaire offert en 1948.

Les agences de santé qui ont pu accorder à leur personnel des salaires plus élevés que ceux recommandés dans ce rapport doivent en être félicitées. Dans bien des services de santé la marge entre le salaire minimum et le maximum n'est que de quelques centaines de dollars. Ce salaire maximum est atteint en quelques années et souvent pour cette raison les infirmières abandonnent leur position pour d'autres offrant de meilleures conditions.

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Book Reviews

Applied Anatomy for Nurses, by E. J. Bocock, S.R.N., S.C.M., D.N. and R. Wheeler Haines, M.B., D.Sc., F.L.S. 320 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1951. Price $2.85.

Reviewed by Frances Benedict, Educational Director, Royal Columbian Hospital, New Westminster, B.C.

The spirit of this book is indicated by the illustration on the paper cover and by the author's comments in the first paragraph of the preface. The illustration is a cheerful skeleton sitting on a stool with one hand outstretched, in a comfortable position for a friendly chat. The authors say: "Most student nurses like anatomy when it is made a practical subject and it is then quite a cheerful subject to teach. There are no painful preliminaries. For the only basic science required is the kind of mechanics picked up playing with Meccano or making gadgets for a Guide camp. Further, every fact worth bothering about has an application, in explaining either how the body works when it is well or how it breaks down when it is ill. So the authors make no apology for presenting a great variety of interesting facts, for only the student who likes them is likely to use this book and she can select those she requires."

The text follows a lecture course, given at the Nightingale School, St. Thomas's Hospital, to students who had completed their preliminary training and who had finished their basic course in anatomy. The material is presented on a regional plan rather than the usual plan of systems. The first chapter contains a discussion of bones, joints, and cells with special reference to the shoulder girdle; the second chapter deals with the arm, epithelia, and glands; the third with the thorax and lungs; another with the posterior abdominal wall and male pelvis; leading up to the head and neck, and finishing with the eye and automatic system in Chapter 15.

There are numerous diagrams throughout the book, which the authors describe as "fair copies of blackboard scribbles." The diagrams are clear and easy to understand because only the essentials are there. Many of the illustrations show the muscles in action — walking or rowing or cycling. The index has some figures in heavy type to indicate the pages on which diagrams are found.

The emphasis throughout is on the practical application of the information given, with many illustrations from everyday life and from familiar things, such as comparing the arrangement of the muscles in the abdominal wall to plywood.

While this book is not intended for use as a text for a basic course in anatomy, I believe that it should be in the reference library of all schools of nursing. Instructors in this subject will find it useful and some students will want to have their own copies, because it does present "a great variety of interesting facts" in a most pleasing manner.

Health Visiting — A Textbook for Health Visitor Students, by Margaret McEwan, M.B.E., S.R.N., S.C.M. 383 pages. British Book Service (Canada) Ltd., 1068 Broadview Ave., Toronto 6. 1951. Price $3.75. *Reviewed by Margaret M. Forbes, Nursing Supervisor, Children's Service Centre, Montreal.*

The foreword to this book states that its aim is to provoke discussion and to present simply the work of the health visitor to women who are undertaking this training.

Miss McEwan succeeds ably in what she undertakes to do. This book covers every aspect of health visiting from its earliest history to the present time, including visiting in the home, clinic work, health education, and family life. The health and welfare services are discussed, including maternity and school work from a health standpoint, communicable diseases, tuberculosis visiting, and mental health.

The legal aspect of health visiting and the various regulations of the Ministry of Health are treated in some detail and the care of children with special problems, such as the physically or mentally retarded and the children living apart from their parents, are also dealt with.

The work of the health visitor corresponds roughly to that of the public health nurse in Canada. Although to Canadian readers the chapters on social legislation will not be applicable, the sections on home visiting, family life, school health work, and tuberculosis visiting, to name a few, will be most helpful. The whole book will give Canadian public health nurses an understanding of health education work in Britain and the progress being made there.

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Venereal Diseases Described for Nurses, by R. C. L. Batchelor, M.B. and Marjorie Murrell, M.B. 217 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1951. Price $2.40.

Reviewed by Margaret Phillips, Nursing Counsellor, Civil Service Health Division, Department of National Health & Welfare, Ottawa.

This book gives a clear and detailed description of venereal disease. The three stages of syphilis, syphilis in pregnancy, and congenital syphilis are thoroughly discussed. The complex matter of diagnosis, especially in the latter stages, is explained in such a manner as to quickly dispel the illusion that a positive Wassermann or Kahn test alone establishes a diagnosis of syphilis.

The Darkfield examination, Wassermann and Kahn tests and results of cerebrospinal fluid examinations are explained in detail. This should help the nurse to make more than a guess in interpreting the results of these tests for her own information. Modern methods of treatment and their efficacy are described.

While the authors state that present-day treatment of gonorrhea has greatly reduced its seriousness, they include a complete description of the disease, its complications, methods of diagnosis and treatment. This complete book also gives information on other types of venereal disease and a table of Differential Diagnosis of Genital Sores.

The last chapter, Ethical and Sociological Considerations, is thought-provoking reading.

The objection might be raised that descriptions of drugs, dosages, methods of diagnosis and treatment are too detailed since they are the responsibility of the physician but it cannot be denied that a thorough understanding of these matters enables the nurse to do more intelligent work and certainly adds to job satisfaction.

The book would be of instructive value to any nurse and could certainly be used as up-to-date reference material for the nurse specializing in venereal disease work.

Fundamentals of Chemistry and Applications, by Charlotte A. Francis. A.M. and Edna C. Morse, R.N., A.M., Ed. D. 545 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 3rd Ed. 1950. Price $4.50.

Reviewed by Mary J. Ross, Supt., Aberdeen Hospital, New Glasgow, N.S.

This is an excellent chemistry text. It has all the chemistry essential to medical nursing, yet it is detailed enough to serve as a reference text. It is clearly and concisely written with particular attention paid to human biochemistry and the drugs used in medicine today, their origin and structural formulas.

Medical and Nursing Dictionary and Encyclopædia, by Evelyn Pearce. 723 pages. British Book Service (Canada) Ltd., 263 Adelaide St., W., Toronto 1. 10th Ed. 1950. Price $2.50.

Reviewed by M. Jean MacInnis, Instructor of Nurses, General Hospital, Glace Bay, N.S.

The author of this book certainly reached her objective stated in the preface ". . . to serve as a convenient reference book . . . " When first published this book was intended to give nurses a general view of diseases and disorders which they would meet in their work and also the treatment and nursing care of each. However, the book has been revised and enlarged and the present edition, which is the tenth, still possesses the original characteristics as well as general information which may help the average individual to cope with a medical or surgical emergency when more expert medical or surgical care may not be available.

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The material throughout is arranged in alphabetical order and its convenience as a reference book is further aided by a complete index.

The diseases and disorders are stated briefly but concisely. For example, heart disease — types, symptoms of each, treatment and nursing care—is stated in six and a half pages.

The source and use of the common, up-to-date drugs are stated. Common terms are defined throughout the book and various common tests are explained such as urine, blood tests, etc.

Diagrams are generally lacking with the exception of one which shows the arterial pressure points, which are more clearly explained beside the diagram.

This book would be an asset to the average individual. However, I feel that it would be most valuable in a school of nursing library for use by student nurses. It is an excellent reference textbook.

International Nurses' Tour

(*Continued from page 485*)

rehabilitation workshop fills the gap between hospital discharge and return to factory work.

One morning was well spent at a conference at the Ministry of Health. Speakers were medical and chief nursing officers from the Ministry of Health and the Ministry of Labor. We were given very interesting highlights on the development of the National Health Service in Britain and the duties of the chief nursing officers of both Ministries in this service, especially in relation to the training and employment of nurses and hospital problems.

A visit was made to a city welfare centre where public health and clinical work was outlined. Part of an afternoon was pleasantly passed in a day nursery.

The tour was by no means all "study." We were entertained at an evening party by the Public Health Nurses' League of the London County Council, held at the County Hall, the seat of government of London, situated on the bank of the Thames. From the Members' Terrace we had a brilliant view of the river bank by night. The *Nursing Mirror* invited us to luncheon at Oddenino's in Regent Street (Piccadilly Circus), the guest of honor being

Dr. May Thorne, who was medical attendant during the last two and a half years of Miss Nightingale's life. Dr. Thorne emphasized the fact that Miss Nightingale felt most strongly that nurses should have a wide experience of life and not just of nursing. Each guest present was given a copy of Florence Nightingale's "Notes on Nursing." The *Nursing Mirror* also presented the guests with a colored reproduction of the window in the Nurses' War Memorial Chapel in Westminster Abbey. We later were able to visit this chapel. The editor of the *Nursing Times* and the Royal College of Nursing had a supper party for the group at the Royal College of Nursing and Cowdray Hall. We were invited to tea at the British College of Nurses, the King Edward's Hospital Fund Staff College, the Wellcome Historical and Medical Museum, and the Royal British Nurses' Association. Visiting these colleges and meeting the association's members gave us an insight into the history and growth of the nursing profession in Great Britain.

Three of the nurses in the group, one each from Italy, South Africa, and Finland, took part in a B.B.C. broadcast, "In Town Tonight."

During the two weeks we had a couple of free days in which to see London's Festival Exhibition, on the south embankment of the Thames, and the Festival Pleasure Gardens at Battersea Park. The exhibition was magnificent and Battersea Park a lighted fairyland. The only permanent building on the South Embankment site is the Royal Festival Hall where, on the first night of our tour, we saw the ballet "The Sleeping Princess." Also, as a group, we spent the first Sunday afternoon on a boat trip up the Thames to Kew Gardens. The British Council arranged a tour of London, with lunch at the Tower of London restaurant. The Board of Management of the Moorfields Westminster and Central Eye Hospital took us, by special coach, to Stratford-on-Avon. It was, indeed, a privilege to visit Shakespeare's birthplace, Anne Hathaway's cottage, Holy Trinity Church, and have tea at Hall's Croft (home of Shakespeare's daughter, Susanna, and husband, Dr. J. Hall). After visiting Addenbrooke's Hospital and Papworth Village Settlement, special guides took us through some of the 23 colleges of Cambridge University. Following the visit to Harefield Sanatorium, we continued on to Eton College, Windsor Castle, and Hampton Court Palace.

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Winnipeg, Man.

Of course we saw, on our own, as much of London as we could — Buckingham and St. James's Palaces, Westminster Abbey, St. Paul's Cathedral, Guild Hall, Mansion House, Houses of Parliament, Marlborough House, Clarence House, Whitehall, Trafalgar Square, British Museum, National Art Gallery, Madame Tussaud's Wax Works, Petticoat Lane, the beautiful parks, and even found our way around on the tubes !

The tour began with a reception at Middlesex Hospital. It concluded with a farewell dinner and musical evening there, attended by the Board of Directors of the National Council.

It was, indeed, an education and a very great pleasure to have been able to take part in this tour and I was sorry that other Canadian nurses were not visiting Britain at the time. We were welcomed so warmly by all the executives and hospitals and, as "International" nurses, realized more than ever the importance of world-wide cooperation and friendship in the nursing profession.

Word Game

A—agone, album, arete, argon, arum
B—blare, brag, brush, brute, brutish, burst, bust
C—ceruse, cherub, chest, chip, chit, chive, cite, cither, civet
D—dare, does, doge, done
E—egad, egal, eral, ergo, ergon, erst, etch, ether, ethic, evict
F—fibre, flag, flagon, flare, fresh, fret
G—garb, gest, gestic, gesture, glad, gone, grub, grum, grutch
H—herb, hers, hest, hick, hive
I—itch
J—juke, jural, just, justice, jute
K—ketch
L—lager, lares, large, largo, larum
M—mural, murk, muse, mush, musk, musket, must, muster, mute
N—nest, nodal
O—ogre
P—pice, pick, picket, picture, pitch, pitcher, pith
R—radon, rage, recite, reck, regal, reship, rest, retch, rete, retuse, rural, ruse, rush, rusk, rust, rustic, ruth
S—serf, serum, ship, shiver, sketch, skew, stech, stew, stich, stick, sticker, stiver, stub, stum, sturgeon, sure, surf, surge, surgeon

T—tergal, then, thick, tick, ticker, tusk
U—ureter, uretic, urge, user, usher
V—verb, vest, vesture, vetch, vice
W—wether, wreck, wretch

News Notes

ALBERTA

JASPER

A regular meeting of Edith Cavell Chapter was held at the home of Mrs. Harmon when nine members were present. Mrs. R. Recknagle, secretary, acted as chairman. A good turnout at the baby clinic was reported, discussion centering on better accommodation for the clinic. It was moved that the chapter subscribe to *The Canadian Nurse.*

WETASKIWIN

Mrs. C. Van Dusen, A.A.R.N. registrar, met with a group of nurses here on April 4 for the purpose of organizing a chapter. A chapter was formed that evening and the following officers elected: President, Mrs. L. S. Holmes; vice-president, Mrs. L. E. Johnson; secretary-treasurer, Mrs. H. Lundell; program committee, F. McWhinney, Mrs. W. Recknagle. Miss McWhinney was named honorary president. At the next meeting, 19 members paid fees which were set at $1.00. Mrs. P. Lust was named delegated to the A.A.R.N. annual meeting in Banff. It was decided to support the by-law for the nurses' home and to assist with Hospital Day. The by-laws were discussed and approved.

CALGARY

This year opened with two big events for the Calgary branch of the Royal Alexandra Hospital Alumnae Association. One was the annual turkey dinner and the other was the decision regarding the future of the group. It was feared that lagging attendance would necessitate disbandment of the organization but stimulation of new interest bodes well for the future. The members felt they could be useful in civil defence measures. A tour of the new Red Cross Crippled Children's Hospital, arranged by Miss Ferguson, proved worthwhile. Grace Hospital, which cares for unmarried mothers, welcomed the offer of assistance by the members.

BRITISH COLUMBIA

KELOWNA

Seventy-one nurses, representing five district chapters, were present at the Kamloops-Okanagan District dinner meeting. The guest speaker was Miss Margaret E. Kerr, editor and business manager of *The Canadian Nurse,* who gave an insight into the editing of a magazine. The district president, Mrs. Ran-

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- Course begins ***September 8, 1952, January 12, 1953,*** and ***May 4, 1953.*** Enrolment limited to a maximum of six students.

For further information write to:

Supt. of Nurses,
General Hospital,
Winnipeg, Man.

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Offers to qualified Registered Graduate Nurses the following:

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- Course begins ***Aug. 25, 1952, Jan. 12, 1953,*** and ***May 4, 1953.*** Enrolment limited to a maximum of eight students.

For further information write to:

Supt. of Nurses, General
Hospital, Winnipeg, Man.

som, was in charge of the business meeting. Reports were received from the various committees as well as from the chapters of Penticton, Kelowna, Revelstoke, Vernon, and Kamloops. Two requests from nurses in the graduating class of the Royal Inland Hospital, Kamloops, for loans from a fund started by the Kamloops Chapter and augmented by the Penticton group were received and arrangements made for these nurses to be helped with their graduating expenses. J. Russell accepted the chairmanship of the nominating committee for officers for the coming year. Comical readings, given by Mrs. A. H. DeMara, were much enjoyed.

CHILLIWACK

Nurses attended a special church service on May 4, commemorating Florence Nightingale. Mrs. F. Barwell and K. Crowley were delegates from the local chapter to the R.N.A.B.C. annual convention in Victoria. Mrs. Barwell was convener for the annual June tea. At a regular meeting, two interesting films were viewed by the members —"Intravenous Therapy" and "Colostomy Operation."

VANCOUVER

St. Paul's Hospital

In 1957 the School of Nursing will be celebrating its 50th anniversary. It is Sr. Columkille's wish that a history of the school be compiled, covering each year since 1907. Every member is asked to send any information (dates, anecdotes, outstanding events, etc.) or suitable photos for the history to *Mrs. W. Dawe, 4210 Quesnelle Dr., Vancouver 8, B.C.*

R. Wolfe and K. Dufton were named conveners for the annual Spring Ball.

B. Conroy is doing public health work in Castlegar, B.C. S. Kibler is on the staff of Leahi Hospital, Honolulu. N. Rumen is at St. Michael's Hospital, Toronto, for a course in surgery. D. Nakamachi is doing public health work in Toronto while N. Yamanaka is on the teaching staff of McKellar Hospital, Fort William.

MANITOBA

The changing scene of Manitoba's rural life can be traced in a diary kept by a Red Cross nurse at Fisher Branch in the early 1920's. The neatly kept chronicle of M. Litton, who ran the town's Red Cross nursing station at that time, records the gradual disappearance of the horse and buggy. Early entries in the diary show that the nurse dealt with accidents such as people being thrown from horses, trouble with runaway horses and, of course, innumerable kicks from overactive Dobbins. Slowly, however, the scene changed with the advent of mechanization and car and tractor accidents began to figure in the diary.

Today, in Manitoba, the Red Cross runs two outpost hospitals — one at Fisher Branch and the other at Arborg. At Alonsa is a nursing station, in charge of Ruth Hiam, a young nurse who lives there alone. Alonsa, 143 miles northwest of Winnipeg, is rough country. The nearest doctor and hospital is at McCreary, 26 miles due west. The station serves an area of 800 square miles. In 1951 a total of 563 patients were handled.

ONTARIO

DISTRICT 4

ST. CATHARINES

The spring meeting of the Niagara Peninsula Chapter was held at the Leonard Nurses' Home of the General Hospital when A. E. Penton, public relations secretary, R.N.A.O., spoke on "Our Professional Family Tree." She pointed out the benefits that accrue when a nurse joins the provincial association. D. Sharpe, chairman, presided, while Mrs. J. E. Porteous, director of nursing, welcomed members from Niagara Falls, Fort Erie, Port Colborne, and Hamilton.

General Hospital

At a meeting of Mack Training School Alumnae Association, Mrs. W. Horton presented a travelogue on Mexico, illustrated by beautifully colored slides. E. Purton, the president, was in the chair. E. Ettling and her committee served refreshments.

DISTRICT 5

TORONTO

East General & Orthopaedic Hospital

Mrs. Ruth Couse, superintendent of nurses, began her duties early in February following a reception in her honor.

General Hospital

A member of the Toronto Department of Public Health for 25 years, Nora Marshall, a 1918 graduate, became superintendent of the Shelburne District Cooperative Nursing Centre, the only one of its kind in Canada. Retiring from the Department of Public Health, she moved to Barrie and during her seven years there became a member of the speaker service of the Women's Institute, founded the Simcoe County Arts and Crafts Association, of which she was president for its first three years, was a member of the Community Life Training Institute of Simcoe County and the county recreation committees and also acted as speaker on the night class program of the County Federation of Agriculture. She has done free writing for weekly newspaper on old age and general welfare problems. As a result of a series on old age problems written for rural folk, she was asked to become a member of a federal committee studying problems for the aged.

DISTRICT 8

Ottawa General Hospital

M. Gormley and P. Shane have left the staff to accept positions at the Vancouver General Hospital.

SURGICAL NURSING

By Robert K. Felter, Frances West, and Lydia M. Zetzsche, all of Bellevue Hospital, New York City. Today's knowledge of the surgical diseases, their treatment and nursing care, is strikingly portrayed in this new 6th edition. Excellent teaching aids. 783 pages, 363 illustrations. 1952. $5.50.

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By Clarence W. Taber and 15 Associates. This dictionary contains more nursing procedures and nursing care than are found in any handbook of nursing. Valuable during examinations, constantly used after graduation. 1,500 pages, 273 illustrations, fifth edition, 1948. Plain, $5.00; thumb indexed, $5.25.

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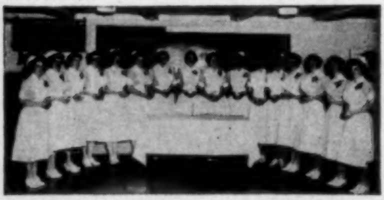
DISTRICT 11

COLLINGWOOD

A very colorful capping service took place at the General and Marine Hospital when 16 young women received their caps (*see photo*). The students were presented by M. Masters, director of nurse education, and received by A. White, superintendent. Mr. F. E. Courtice spoke briefly, centring his remarks around the theme "The Milestones of Life." Mr. J. Smart, Board of Governors' president, welcomed the nurses into the school on behalf of the directors. The Nightingale Pledge was recited in unison and Miss McLeod, a senior student and Student Council president, pinned on their caps. Then each nurse lit her candle and placed it in her lamp. A hymn was sung and the Rev. R. E. Adye pronounced the benediction. Each nurse was presented with a white testament by the Gideon Society. Tea was served later to the class and their parents and friends.



MIDLAND

Mrs. G. E. Bundy, a graduate of the Edward J. Meyer Memorial Hospital at Buffalo, N.Y., has been appointed superintendent of St. Andrew's Hospital. She is a former executive secretary of the American Tuberculosis and Public Health Association.

PRINCE EDWARD ISLAND

During the week of March 17, the Association of Nurses of P.E.I., sponsored a Student Recruitment Week. Members of the association from the three schools of nursing spoke to groups of students in the high school grades. Invitations were extended at this time to an "At Home" to any one of the three schools. The graduate staff and student nurses conducted tours through their hospitals and schools and answered the many questions of their guests.

Each school was also responsible for decorating a store window — two in Charlottetown and one in Summerside — and numerous posters were placed in other store windows. The film "Girls in White" was shown in two theatres and the four-minute short "White Sentinels" was viewed in three theatres. Two short articles were written for the newspapers and one paper wrote on nursing in an editorial.

Radio Station CFCY, Charlottetown, and CJRW in Summerside, gave some time as a public service. There was a 30-second flash given every day for six days, a 15-minute interview between a graduate nurse and a high school student, and high school students were interviewed who attended the "At Home." During the week the association was asked to speak on nursing on the 15-minute period conducted weekly by the Women's Institute.

A meeting of Charlottetown District was held in March when Sr. M. Stanislaus, the district chairman, presided. This was the second meeting of the district since the change in the by-law to divide P.E.I. into two districts.

The chairman gave a report on the plans for the C.N.A. biennial convention in Quebec. Reference was made to the special invitation extended to student nurses and the program planned for them. A motion was passed that Prince County District be asked to join the Charlottetown District for their July meeting at Cavendish. Fifty dollars has been allotted to each district to help defray expenses in sending a delegate to the biennial meeting.

The speaker of the evening, Dr. P. A. Creelman, gave an interesting illustrated talk on "Newer Methods in the Treatment of Tuberculosis." A film on Quebec brought the meeting to a close.

QUEBEC

QUEBEC CITY

Jeffery Hale's Hospital

Ten members were present at a meeting of the alumnae association when plans were made for the annual graduation dinner to be held at the Chateau Frontenac. Miss Weary was nominated as the delegate to the C.N.A. biennial convention to be held in June in Quebec while Miss Dawson was to attend the A.N.P.Q. annual meeting in Montreal. The raffle was won by Mrs. L. Teakle.

J. Radley-Walters has resigned as supervisor of the private and semi-private ward and has been replaced by Miss Summers. M. Richardson has also resigned as O.R. supervisor to be married.

SHERBROOKE

A suitable plaque has been chosen for a room in the children's ward which has been furnished by the Sherbrooke Hospital Alumnae Association. It was also suggested that a small plaque be put over one of the beds in memory of Verna K. Beane, a former graduate and superintendent of the hospital. Plans were made for the nurses' bridge and the graduation banquet.

The student nurses held a most successful tea and novelty sale, proceeds to be used to defray the expense of sending two students to the C.N.A. biennial convention in Quebec.

C. Bernard, who took a post-graduate course in obstetrics at the Winnipeg General Hospital, has taken charge of the maternity floor, replacing H. Woodman. F. M. Moffat is now on the staff of Queen Charlotte Hospital, London, Eng. Miss Moffat took a course at Margaret Hague Maternity Home in Jersey City. R. Forward has completed courses in public health nursing administration and mental hygiene at the University of Toronto and has returned to the Toronto Department of Public Health. She has been assigned to the new demonstration area.

SASKATCHEWAN

SASKATOON

St. Paul's Hospital

Faculty and students of St. Paul's School of Nursing were happy to welcome Hazel Keeler, director of the University of Saskatchewan School of Nursing, when she paid a visit during April in her capacity as school adviser.

The new executive for the Sodality includes: President, L. Weninger; vice-president, K. Lipka; secretary, D. Dupuis; treasurer, J. Grenier. The preclinical class gave a delightful entertainment at Easter, showing by their poise that they had taken their "Professional Adjustments I" seriously.

Saskatoon Sanatorium

New members on the staff (all City Hospital graduates) include: D. Brice, A. Hollier, Mrs. R. Shewchuk. E. Wood has resigned.

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Head Nurse in Pediatrics Dept. & Graduate Nurses for General Duty in services of Pediatrics, Surgery, Medical. Apply Supt. of Nurses, Royal Alexandra Hospital, Edmonton, Alta.

Public Health Nurses (qualified) for generalized program with Kent County Health Unit. Consideration with regard to salary given for experience. For other perquisities — vacation, sick leave, transportation & further information — apply, stating qualifications & experience, Miss P. Thomson, Supervisor of Nurses, County Bldg., Chatham, Ont.

General Duty Nurses for 107-bed modern hospital. Starting salary: $165 per mo. plus meals & laundry. Additional for night duty. Increase at 6 mos. & annually thereafter for a further 2 yrs. 44-hr. wk. 8 statutory holidays. 21 days holiday after 1 yr. service. Travelling expenses refunded after 6 mos. from point of entry into Ont. Cumulative sick time. Medical & hospital plans available. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

Instructor of Nurses for Training School of 35 students. Attractive salary & maintenance provided. Usual holidays & sick time allowed. Apply Medical Supt., Victoria Hospital, Winnipeg, Man.

Night Supervisor, General Duty Nurses, Registered & Grace Maternity Graduates, Laboratory Technician. Apply, stating experience, Supt., Queens General Hospital, Liverpool, N.S.

Asst. Night Supervisors (2) capable of taking charge in Delivery Room. 44-hr. wk. Gross salary: $210-265. May live in residence. For full particulars apply Supt. of Nurses, General Hospital, Moose Jaw, Sask.

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Administrator (experienced) as Asst. in School of Nursing Office. Initial gross salary: $103 bi-weekly plus Cost of Living Bonus of approx. $6.00 per wk. **Instructor in Dietetics for Nurses**—classroom, dietetic laboratories, wards. Initial gross salary: $93 bi-weekly plus Cost of Living Bonus of approx. $6.00 per wk. For other perquisites—vacation, illness, pension, etc.—& further information apply Supt. of Nurses, General Hospital, Hamilton, Ont.

Graduate Floor Duty Nurses for Mount Hamilton Maternity Hospital, Hamilton, Ont. 44-hr. wk. Statutory holidays. Initial gross salary bi-weekly: $83 plus Cost of Living Bonus of approx. $6.00 per wk. For further perquisites & further information apply Supt.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross initial bi-weekly salary: $83 plus Cost of Living Bonus of approx. $6.00 per wk. 44-hr. wk. For other perquisites & further information apply C. E. Brewster, Supt. of Nurses.

Dietitian (resident) for 100-bed Western Memorial Hospital, Corner Brook, Newfoundland For July 1. Apply Administrator.

Dietitian. Fully qualified with hospital experience for 204-bed Sanatorium. Salary commensurate with ability. Apply Supt., Essex County Sanatorium, Windsor, Ont.

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Graduate Nurses for General Duty in 200-bed hospital in Niagara Peninsula. 48-hr. wk., no broken shifts. Salary: Days, $140; evenings, $150; nights, $145 plus full maintenance in attractive residence. 21 days vacation plus 8 statutory holidays. Train fare refunded on completion of 1 yr. service. Increments for 1st 3 yrs. Sick leave cumulative to 18 days—paid if not used. Apply Director of Nursing, County General Hospital, Welland, Ont.

General Duty Nurses for Operating Room. Salary: $2,340 per yr. Apply Director of Nursing, Civic Hospital, Peterborough, Ont.

General Duty Nurses. Salary: $210-220 for 40-hr. wk., 8-hr. day. 3 wks. vacation. 7 paid holidays. 12 days sick time. Apply Administrator, Ossining Hospital, Ossining, New York.

General Staff Nurses will find real opportunity to realize their ideals in our 337-bed Teaching Hospital with University affiliation. Community offers unlimited choice of cultural & recreational facilities. 40-hr. wk. 3 wks. vacation. Paid sick leave. Rotating shift $1.30-1.40 per hr. Differential of 10 cts. per hr. for evening & night shifts. Apply Director of Nurses, Evanston Hospital, 2650 Ridge Ave., Evanston, Illinois.

Public Health Nurses (2) for Local Board of Health, 2090 Wyandotte St. E., Windsor, Ont. Salary range: $2,740-3,220 with starting salary based on experience. Positions carrry pension, Blue Cross, medical & surgical care, sick leave & other privileges.

CANADIAN RED CROSS SOCIETY

invites applications for **Administrative** and **Staff** positions in **Hospital, Public Health Nursing Services,** and **Blood Transfusion Service** for various parts of Canada.

- The majority of opportunities are in **Outpost Services** in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances. Bursaries are available for post-graduate study.

For further particulars apply:

National Director, Nursing Services, Canadian Red Cross Society,
95 Wellesley St., Toronto 5, Ontario.

School Nurse for Owen Sound schools. Qualified public health nurse preferred. Good salary, Initial salary dependent on qualifications & experience. Transportation allowance. Apply. stating qualifications, experience & salary expected, Administrator, Board of Education, Box 54, Owen Sound, Ont.

Public Health Nurses for generalized program. Minimum salary: $2,350 with allowance for previous experience & annual increments of $120. Cumulative sick leave plan. Pension plan & Blue Cross Plan available. Interest free loans available for purchasing car if necessary. Liberal transportation allowance & holidays. Apply Dr. A. E. Thoms, Director, Leeds & Grenville Health Unit, Victoria Bldg., Brockville, Ont.

Public Health Nurses for Simcoe County Health Unit for generalized program. Salary: $2,300-2,800. Annual increment $100. Sick leave plan. 4 wks. vacation. Blue Cross Plan available. Transportation allowance. Apply Mr. J. R. Coleman, Sec.-Treas., Court House, Barrie, Ont.

Dietitian (experienced) & **Registered Nurses for General Duty** for Royal Inland Hospital, Kamloops, B.C. 200 beds. 45 students. Apply Director of Nursing.

Public Health Nurses (qualified) for Peel County Health Unit near Toronto. Generalized program. Salary schedule: $2,400-3,000 per yr. Liberal car allowance. For full information apply Dr. D. G. H. MacDonald, Director, Peel County Health Unit, Court House, Brampton, Ont.

General Duty Nurses. Salary: $173.23 (one hundred seventy-three dollars & twenty-three cents) monthly, paid on a bi-weekly basis; 26 pays in a yr. **Operating Room Supervisor.** Salary: $201.30 per mo. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day: 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

Public Health Nurses (qualified) by Dept. of Public Health, City of Toronto, for generalized public health nursing service. Salary: $2,974 with yearly increases to $3,391 per annum. 5-day wk. Sick leave & Pension Plan benefits. Apply Dept. of Personnel, Rm. 320, City Hall, Toronto, Ont.

Operating Room Supervisor. Salary: $210 per mo. gross. **Science Instructor.** Salary: $210 gross. **Night Supervisor.** Salary: $210 gross. **Asst. Night Supervisor.** Salary: $190 gross. **Laboratory Technician.** Salary: $170-180 gross. **General Duty Nurses.** Salary: $165-175 gross depending on experience. 44-hr. wk. 2½ days holiday per mo. Half day on statutory holidays. 1½ days per mo. sick time cumulative to 30 days. Charge of $30 per mo. made for board & room. Apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Nursing Arts Instructor. Nurse experienced in bedside nursing & ward administration with post-graduate course in Teaching & Supervision. Salary commensurate with experience. Starting minimum: $225. **Clinical Instructors**—Surgical, Obstetrical, Pediatrics. Nurses experienced in bedside nursing with p.g. course in Clinical Supervision. Apply Miss S. Davidson, Director of Nurses, McKellar General Hospital, Fort William, Ont.

Registered Nurses—General Duty (2): $250 per mo. Surgical (1): $275. 30-bed hospital. City of 12,000 pop. Warm central valley in Calif. Mostly surgical & medical. Apply Mrs. D. Marshall, R.N., Hanford Sanitarium, Inc., Hanford, California.

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
- Transportation while on duty.
- Vacation with pay.
- Retirement annuity benefits.

For further information write to:

Chief Superintendent,
Victorian Order of Nurses for Canada,
193 Sparks Street,
Ottawa 4, Ont.

Public Health Nurses for Greater Montreal Branch of Victorian Order of Nurses. Interesting program of nursing care & health education to families & patient study groups. Stimulating staff education program. Salary: $2,400-3,000 with annual increments. Initial salary based on previous experience. 5-day wk. 4 wks. vacation. Apply District Supt., Victorian Order of Nurses, 1246 Bishop St., Montreal 25, Que.

General Duty Nurses for 250-bed General Hospital. Good nurses' home. Starting salary: $250 per mo. 40-hr. wk. Night, O.B., T.B., & Isolation duty $10 extra. Passport necessary. Apply Director of Nurses, County General Hospital, Box 231, Merced, California.

General Duty Nurses for 32-bed hospital. Rotating shifts. 3 wks. vacation annually. 12 days sick leave. Located on Highway 31, 30 miles south of Ottawa & 18 miles north of Highway 2. Good bus connections. Apply Supt., District Memorial Hospital, Winchester, Ont.

Registered Nurses for General Duty in 90-bed General Hospital in city of 10,000 located 50 miles from St. Paul. Excellent streamliner rail service to St. Paul & Chicago. Beginning salary: $225 plus semi-annual increases of $5.00 for 2 yrs. Additional $10 for night duty & $15 for 3:00-11:00 p.m. shift. 40-hr. wk. 3 wks. vacation with pay after 1 yr. Paid holidays, sick leave & other benefits. Apply Director of Nurses, St. John's Hospital, Red Wing, Minnesota.

Graduate Nurses for 175-bed Tuberculosis Sanatorium near Prince Rupert. Salary for General Duty, $232 per mo. plus yearly increases. Room, board, laundry at $30 per mo. Transportation refunded on promise of 1 yr. service. Apply airmail, giving full details of experience, Matron, Miller Bay Indian Hospital, Box 1248, Prince Rupert, B.C.

Graduate Nurses for General Duty on Medical, Surgical & Obstetrical floors in 113-bed hospital, located near Chicago. Starting salary: $255 with afternoon bonus $30 & night bonus $20. Apply Personnel Director, Highland Park Hospital, Highland Park, Illinois.

Staff Nurses for Crippled & Convalescent Children's Hospital. Good salary. Opportunity for promotion. May live at hospital if desired. 40-hr. wk. Write for illustrated booklet Rainbow Hospital, Cleveland 21, Ohio.

Graduate Nurses for 80-bed General Hospital. Positions open all services. General Duty, $215 per mo.; $10 extra for evenings, nights & relief. Scrub Nurses, $225; $2.50 per call case. 6-mo. increases for 18 mos., merit thereafter. Maintenance available. 24 days paid vacation the 1st yr., 32 days thereafter. 1 day per mo. sick leave, cumulative to 45 days. 44-hr. wk. Apply Director of Nursing, Mahaska Hospital, Oskaloosa, Iowa.

Registered Nurses for General Staff for Ontario Hospitals in Brockville, Hamilton, London, New Toronto, Orillia, Smiths Falls, St. Thomas, Toronto, Whitby, Woodstock. Gross salary: $2,260 per annum with maximum salary of $2,660, less perquisites ($26.50 for room, board, laundry). Cumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 44-hr. wk. Apply Supt. of Nurses at above hospitals.

Senior Science Instructor (1) **& Instructor of Nursing Arts** (1) for Aug. 1. Good personnel policies including pension fund. Apply, stating age, qualifications & experience, Director of Nursing, Civic Hospital, Ottawa, Ont.

Registered Nurses & Licensed Practical Nurses for hospitals & fully modern outpost nursing stations. Beginning salaries—Registered Nurses: $2,300-2,720. Licensed Practical Nurses with 2 yrs. experience: $1,740-2,040. 44-hr. wk. 3 wks. leave with pay annually. Apply Indian Health Services, 522 Dominion Public Bldg., Winnipeg, Man. *Phone 927-100.*

THE ASSOCIATION OF NURSES OF THE PROVINCE OF QUEBEC

Applications are invited for the position of

SECRETARY-REGISTRAR

for The Association of Nurses of the Province of Quebec

Applicants are requested to write by ***August 1, 1952,*** if possible, stating their qualifications. Preference given to bilingual applicants. Salary open.

Apply to:

Miss Annonciade Martineau, President, The Association of Nurses of the Province of Quebec, Room 506, 1538 Sherbrooke St. W., Montreal 25, Que.

Registered Nurses (3) — 2 for General Duty & 1 with P.G. or Operating Room experience for 30-bed hospital at Dryden, Northwestern Ont., the heart of a tourist's paradise. Salary: $160 per mo. plus full maintenance. Salaries subject to annual increase. 1 mo. vacation after 1 yr. service. Successful applicants reimbursed rail fare on completion of 1 yr. service. Apply, stating when available, Mr. Fred Taylor, Box 526, Dryden, Ont.

Vancouver General Hospital invites immediate inquiries from **Graduate Nurses** for Staff Vacancies. Salaries: $222 as minimum & $258 as maximum per mo. plus shift differentials for evening & night duty. Employee benefits include: 44-hr. wk; 11 public holidays; 4 wks. vacation; 1½ days per mo. cumulative sick leave; pension plan if under 35. Acceptable qualifications for registration in B.C. necessary. Apply Director of Nursing, General Hospital, Vancouver 9, B.C.

Graduate Nurses for completely modern West Coast hospital. Salary: $210 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

General Duty Nurses for 430-bed hospital. 44-hr. wk. 11 statutory holidays. Salary: $215-253. Credit for past experience. Annual increments. Cumulative sick leave. 28 days annual vacation. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Dietitian (qualified) for Teaching Hospital. Opportunity for advancement. Full maintenance. Fare from Canada for accepted candidate. For full particulars write, giving qualifications & date available, Matron, King Edward VII Memorial Hospital, Bermuda.

Instructor of Nurses for Training School of 40 students. **Nursery Supervisor** for new Obstetrical Wing; **General Duty Nurses.** Apply Supt., Soldiers' Memorial Hospital, Orillia, Ont.

Registered Nurses (2). Salary: $13 per 8-hr. day plus one meal. Apply Supt., W. J. Harrington, Harworth Hospital, 531 E. Grand Blvd., Detroit 7, Mich. (*Phone WAlnut 3-7319*)

Science Instructor for Sept. 1. Full maintenance. Ideal living conditions. Apply Miss C. MacCullie, Director of Nurses, General Hospital, Woodstock, Ont.

General Duty Nurses for Operating Room, Pediatrics & Surgical & Medical Nursing. For information & personnel policies apply Director of Nursing, Victoria Hospital, London, Ont.

Registered Nurses for General Duty for small General Hospital. Salary: $140 per mo. with full maintenance. 6-day wk. 8-hr. duty, rotating shifts. 3 increments of $5.00 per mo. at 6-mo. intervals. Blue Cross paid. 10 days sick leave per yr. 6 statutory holidays. 28 days holiday. Also **O.R. Nurse,** preferably with post-graduate training, by July 15. Salary: $155. Apply Lady Supt., Barrie Memorial Hospital, Ormstown, Que.

Clinical Supervisor for Obstetrical Dept. (1) & Instructor in Basic Sciences (1). Apply Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

Dietitian for 100-bed hospital. Salary depends on experience & qualifications. For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

THE BRITISH COLUMBIA CIVIL SERVICE

requires—Instructors (2) for the

School of Psychiatric Nursing, Essondale, B.C.

Salary: $228 rising to $253 per month, including Cost of Living Bonus. Qualifications: Eligible for registration in British Columbia and have certificate in teaching and supervision and post-graduate study (or its equivalent) and experience in psychiatric nursing. Candidates must be British subjects and under 40 years of age except in the case of ex-service women who are given preference.

Further information and application forms may be obtained from:
Director of Nursing, Provincial Mental Hospital, Essondale, B.C.
or **B.C. Civil Service Commission, Weiler Bldg., Victoria, B.C.**

General Duty Nurses for 680-bed General Hospital with School of Nursing. Beginning salary: $255 with $10 additional for special increases, p.m. & night shifts. $13 increase after 6 mos.; $14 additional increase 1 yr. after 1st increase. 40-hr. wk. 11 paid holidays. 3 wks. vacation. Free laundry. Cumulative sick leave. Full maintenance if desired at $45 per mo. Apply Director, Nursing Service, General Hospital, Fresno, California.

General Duty Nurses urgently needed for R.W. Large Memorial Hospital of United Church of Canada at Bella Bella, 300 miles north of Vancouver on the B.C. coast. Salary: $210 per mo. less $40 for board, room, laundry of uniforms. 2 annual increments of $5.00 per mo. Sick time, 1½ days cumulative. 1 mo. annual holiday plus 10 days in lieu of statutory holidays. Transportation to Bella Bella refunded after 1 yr. service. Apply to Matron.

Nurse for modern 24-bed hospital with modern nurses' home. Starting salary: $165 per mo. with full maintenance. Usual raises. Vacations with pay & sick leave, etc. Apply Matron, Union Hospital, Vanguard, Sask.

Registered Nurses for 74-bed General Hospital. 44-hr. wk., rotated shifts. 1 mo. vacation. Gross salary: $177.50 plus laundering of uniforms. $5.00 increases after 3 mos., 9 mos. & 21 mos. later. Residence accommodation available at $15 per mo. Meals available at hospital—30c. per meal. Apply Supt. of Nurses, General Hospital, Portage la Prairie, Man.

Public Health Nurses (4) for Sept. 1 to increase staff to 14. Semi-urban community; pop. 85,000. Salary adjusted to qualifications. Pension plan. 35-hr. wk. 4 wks. paid holidays. Group insurance. Blue Cross Plan. Cumulative sick leave. Liberal automobile allowance. Apply before *June 30* to Dr. Carl E. Hill, M.O.H., Township of North York, 5248 Yonge St., Willowdale, Ont.

Registered Nurses for new 20-bed hospital. Salary: $140 plus maintenance. 1 mo. holiday per yr. For further particulars apply Matron, Gatineau Memorial Hospital, Wakefield, Que.

Matron (qualified nurse) to take charge of City of Lethbridge Isolation Hospital, Alta. Hospital is small self-contained 16-bed unit & living accommodation provided on premises. Additional staff consists of a practical nurse & a housekeeper. Salary: $200 per mo. & free board & accommodation. Apply Health Dept., Lethbridge, Alta.

General Staff Nurses for 250-bed hospital. Salary: $2,340 per annum. 45-hr. wk. 30 days holiday after 1 yr. service. Railway fare up to $50 refunded at end of 1 yr. **Nursing Arts Instructor, Science Instructor, Clinical Instructor**—with university post-graduate certificates. Salary: $2,760 per annum. For further information apply Director of Nursing, General Hospital, Port Arthur, Ont.

General Duty Nurses (2) for 65-bed hospital. Salary: $150 per mo. with 3 annual increments of $5.00. Straight 8-hr. duty. $5.00 extra for evening & night duties. Full maintenance. 4 wks. vacation at end of 1 yr. service. Apply Alexandra Marine & General Hospital, Goderich, Ont.

Nursing Arts Instructor (position open now) & **Science Instructor** (position open Aug. 1) for 1,450-bed active treatment Mental Hospital conducting accredited School of Nursing. Gross minimum salary, including Cost of Living Bonus: $250 per mo. plus excellent holiday, sick leave & pension programs. Apply, stating qualifications & experience, Supt. of Nurses Provincial Mental Hospital, Ponoka, Alta.

THE BRITISH COLUMBIA CIVIL SERVICE

requires—Nursing Supervisors for the
Provincial Mental Hospital, Essondale, B.C.

Salary: $238 rising to $288 per month, including Cost of Living Bonus. Qualifications: Eligible for registration in B.C. with certificate in teaching and supervision and post-graduate study (or its equivalent) and experience in psychiatric nursing; must be capable of administering and supervising a group of ward units.

Candidates must be British subjects, under the age of 40, except in the case of ex-service women who are given preference.

Further information and application forms may be obtained from:
Director of Nursing, Provincial Mental Hospital, Essondale, B.C.
or the **B.C. Civil Service Commission, Weiler Bldg., Victoria, B.C.**

General Duty Nurses (**2**) for 40-bed hospital. 44-hr. wk. 28 days annual vacation plus 10 statutory holidays. Annual increases & sick leave. Commencing salary: $200 plus $10 per mo. bonus. Full maintenance, $45 per mo. Apply Administrator, General Hospital, Princeton, B.C.

Registered Nurses for St. Joseph Hospital, Mt. Clemens, Michigan. 25 miles north of Detroit, near Selfridge Air Force Base. Optional 40- or 44-hr. wk. **Staff Nurses:** $12 day duty; $13 afternoon or night duty. State Standards. Apply Director of Nursing Service.

Public Health Nurses for Township of Etobicoke. Minimum salary: $2,642. Allowance made for previous experience. Transportation allowance provided. Apply Medical Officer of Health, Township of Etobicoke, Municipal Bldg., 4946 Dundas St. W., Toronto 18, Ont.

General Duty Nurses (**2**) for 36-bed hospital on C.P.R. main line & Trans-Canada highway. Salary: $155 & full maintenance with $5.00 increment every 6 mos. Sick leave with pay. 1 mo. holiday with pay plus statutory holidays each yr. 8-hr. day, 44-hr. wk. with rotating shifts. Apply Supt., Municipal Hospital, Brooks, Alta.

General Duty Nurses. Salary: $155 per mo. for new graduates plus 2 meals, laundry. 8-hr. day, straight shift. $15 differential evenings; $10 nights. Vacation, sick time, statutory holidays, annual increments. Financial recognition for university, post-graduate work or yrs. of experience. Also **Operating Room Supervisor** for Oct. 1. Mature person with wide experience. Salary open. Annual increments, vacation & sick time. 48-hr. wk. Will pay travel expenses for personal interview. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Graduate Nurses for new 60-bed hospital. Pleasant working conditions. No broken time. Hospitalization benefits. Excellent salary; increases every 6 mos.; extra pay for evening & night shifts. Apply Supt., Alexandra Hospital, Ingersoll, Ont.

Nursing Arts Instructor & Clinical Instructor for Operating Room for 450-bed General Hospital with 150 students Apply Director of Nursing, General Hospital, Saint John, N.B.

Registered Nurses, with Pediatric experience preferred, as **Head & Asst. Head Nurses** for Pediatric-Orthopedic Hospital. Apply Director, Shriners' Hospitals for Crippled Children, Montreal 25, Que.

General Duty Nurses (**2**) for United Church Hospital in Queen Charlotte Islands Salary: $200 per mo. less $30 for maintenance. 1 mo. vacation with pay after 1 yr. Transportation allowance after 6 mos. service; return after 1 yr. Apply Sec., Skidegate Inlet General Hospital, Queen Charlotte City, B.C.

Graduate Nurses. Salary: $225 per mo. 40-hr. wk. Apply Warren Hospital, Warren, Minnesota.

Municipal Nurses for Province of Alberta. Rural service, emergency treatment, preventive & maternity program. Salary: $2,160-3,000 depending on qualifications & experience plus modern furnished cottage. Excellent sick leave, pension & vacation benefits. Apply Director, Nursing Division, Dept. of Public Health, Administration Bldg., Edmonton, Alta.

Public Health Nurses (qualified). Generalized program. Minimum salary: $2,400 with annual increments according to experience, liberal car allowance, good personnel policies. Apply Dr. R. S. Peat, Medical Officer of Health, Stormont, Dundas & Glengarry Health Unit, 104—2nd St. W., Cornwall, Ont.

ANESTHESIA

A career specialty for the Graduate Nurse. ***Eligibility:*** Graduates of Accredited Schools of Nursing. ***Course:*** Study of the basic sciences related to Anesthesia. Clinical training in all phases of General Anesthesia, Resuscitation, and Inhalation Therapy. ***Professional Opportunities:*** Full-time position in teaching and non-teaching hospitals in United States. For special course write: **Mary H. Snively, R.N., In Charge of Nurses' Training Programs, Duke Hospital, Durham, North Carolina.**

Registered Nurse for small Nursing Home. Room, board & laundry. Hrs.: 9-5. Apply, stating salary, Hamilton Nursing Home, Inc., 7440 Cote St. Luc Rd., Montreal 29, Que. (*Tel. EL 5741*).

Operating Room Nurse (salary open) & **Registered Nurses** for 60-bed General Hospital. Salary: $150 per mo. plus full maintenance. 44-hr. wk. 3 wks. vacation. Apply Supt., Public Hospital, Smiths Falls, Ont.

Dietitian & Graduate Nurses for General Duty. Apply, stating qualifications, Supt., The Cottage Hospital, Pembroke, Ont.

Applications will be received at office of undersigned, City Hall, Fort William, Ont., until Mon. June 30, for position of **Asst. Nursing Sister** at Fort William Isolation Hospital. Salary range presently established by Local Board of Health is $165 per mo. plus full maintenance, including uniform & laundry, 2 wks. annual vacation with pay, sick leave & pension plan. Applicants to submit previous experience & references which will be returned, following consideration by Local Board of Health. D. M. Martin, Sec., Local Board of Health, Fort William, Ont.

Registered Nurses (2) & Matron for hospital with 27 set up beds. Salaries: $160 & $200 per mo. plus full maintenance. 1 mo. holiday & usual sick leave. Hospital located in thriving town with good train & bus service. Apply Sec.-Mgr., Porcupine-Carragana Union Hospital, Porcupine Plain, Sask.

Director of Nursing. Teaching hospital: 175 beds; 65 students. Salary commensurate with ability. Apply, stating qualifications & previous experience, Acting Supt., General Hospital, Belleville, Ont.

Science Instructor—university post-graduate or degree—to teach Basic Sciences. Apply Director of Nursing, Civic Hospital, Peterborough, Ont.

Public Health Nurses (qualified, experienced). Salary schedule: $2,200-2,900 depending on experience plus present Cost of Living Bonus, $202 per annum. Annual increment, $100. Pension plan. Car provided or car allowance. Apply Dr. C. W. MacCharles, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Ottawa: *Dorothy McVeigh* (University of Ottawa School of Nursing). Port Arthur: *Aune Raty* (St. Joseph's Hosp., Port Arthur). Saint John, N.B.: *Virginia Wilson* (Royal Victoria Hosp., Montreal). Surrey, B.C.: *Margaret Arnett* (Archer Memorial Hosp., Lamont, Alta.). Winnipeg: *Mrs. Yvonne Broome* (Winnipeg Gen. Hosp.).

Transfers — *Virginia Blackhurst* from Port Arthur to Brampton, Ont., as nurse in charge; *Betty Minke* from Hamilton to Waterloo, Ont., as nurse in charge; *Edythe Young* from Oshawa to Ottawa.

Resignations — Bridgewater, N.S.: *Mrs. Evelyn Kenney* as nurse in charge. Calgary: *Mrs. Irene Flood*. Halifax: *Mrs. Lois Lynds, Isobel Paterson*. Lachine, Que.: *Sylvaine Cadorette* as nurse in charge. Moose Jaw, Sask.: *Lillian Frank* as nurse in charge. Ottawa: *Mrs. Marion Dewar*. Owen Sound, Ont.: *Leone Schwartz*. Ste. Anne de Bellevue, Que.: *Mrs. Rosalind Loffredo* as nurse in charge. Saint John, N.B.: *Mrs. Charlotte Duncan*. Waterloo, Ont.: *Iris Burke* and *Joyce Curran* as nurse in charge. Wolfville, N.S.: *Mrs. Phyllis Holmes* as nurse in charge.

Official Directory

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Pres., Miss F. Ferguson, 5 Glenwood Manor, Calgary; Past Pres., Miss J. Clark; Vice-Pres., Misses H. Penhale, E. Bietsch; *Councillor*, Sr. Mongrain, Holy Cross Hosp., Calgary; *Committee Chairmen: Institutional Nursing*, Miss A. Monteith, Galt Hosp., Lethbridge; *Private Duty*, Mrs. L. P. Garratt, 33-12th St., Medicine Hat; *Public Health*, Miss M. Fitzsimmons, 218 Administration Bldg., Edmonton; *Educational Policy*, Miss R. Chittick, 815-18th Ave. W., Calgary; **Registrar, Mrs. Clara Van Dusen, Ste. 5, 10129-102nd St., Edmonton.**

Ponoka District, No. 2, A.A.R.N.

Pres., Miss Geneva Seagrave; Vice-Pres., Miss O. Stauffer; Sec.-Treas., Miss Norma MacDonald; *Rep.* to *The Cdn. Nurse*, Miss Nessa Leckie, Provincial Mental Hosp.

Calgary District, No. 3, A.A.R.N.

Pres., Miss B. Harrington; Vice-Pres., Miss M. Murray; Sec., Miss M. Robertson, 33 Lorraine Apts.; Treas., Miss I. Larson; *Committee Conveners: Private Duty*, Miss Robertson; *Public Health*, Miss M. Deane-Freeman; *Institutional Nursing*, Miss M. Macdonald; *Public Relations*, Miss K. Connor; *Program*, Mrs. O. Currie; *Xmas Parcels*, Miss Shaw; *Nurse Placement*, Miss M. Watt; *Ways & Means*, Mrs. E. Blair; *Reps.* to: *Press*, Miss Murray; *The Canadian Nurse*, Miss Shaw.

Medicine Hat District, No. 4, A.A.R.N.

Pres., Miss M. Story, 24–1st St. S.W.; Vice-Pres., Mmes G. Anderson, R. MacQuarrie; Sec., Mrs. D. Grant; Treas., Mrs. A. Renner, 814-A Braemar St.; *Social Service Conv.*, Mrs. R. Wall.

Red Deer District, No. 6, A.A.R.N.

Pres., Miss Olive Goodwin; Vice-Pres., Mrs. E. S. Brigham, Miss M. Exham; Sec.-Treas., Miss Alice Johnson, Municipal Hosp.; *Social Convener*, Miss Hilda Moen.

Edmonton District, No. 7, A.A.R.N.

Chairman, Miss M. Fitzsimmons; Vice-Chairmen, Miss E. Taylor, Mrs. Hanna; Sec., Mrs. A. Hulbert, 9219-110th Ave.; Treas., Miss M. Exham; *Program Com.*, Mrs. McPhail, Misses R. Ball, J. Davidson, B. Heller; *Reps.* to: *Local Council of Women*, Mrs. L. Boyd; *Council of Social Agencies*, Mrs. Harris; *The Cdn. Nurse* Miss G. Camsey.

Lethbridge District, No. 8, A.A.R.N.

Pres., Mrs. E. Michael; Vice-Pres., Miss A. Fallis, Sr. Martha Michael; Sec., Mrs. E. Horlacher, 1209–6th Ave. S.; Treas., Miss M. Guimond, 1415–9th Ave. S.; *Committees: Entertainment*, Misses Konynenbelt, Reimer; *Social*, Miss Mori.

BRITISH COLUMBIA

Registered Nurses' Association of British Columbia

Pres., Miss E. Paulson; Vice-Pres., Misses A. Creasor, J. Appleton; Hon. Sec., Miss E. Graham; Hon. Treas., Miss H. Mussallem; Past Pres., Sr. Columkille; *Committee Chairmen: Institutional Nursing*, Capt. G. McGregor; *Private Duty Nursing*, Mrs. B. Lane; *Public Health Nursing*, Miss J. Pallister; Dir., Personnel Services, Miss Evelyn E. Hood, 1101 Vancouver Block, Van.; **Exec. Sec. & Registrar, Miss Alice L. Wright, 1101 Vancouver Block, Vancouver.**

New Westminster Chapter, R.N.A.B.C.

Pres., Miss I. E. Barlow; Past Pres., Miss G. Smith; Vice-Pres., Mrs. B. Dawson; Rec. Sec., Miss J. Gore; Corr. Sec., Miss M. Harvey, 730–14th Ave.; Treas., Miss W. Riley; *Rep.* to *The Canadian Nurse*, Miss P. Wright, 911 St. Andrews St.

Vancouver Island District

Pres., Mrs. J. H. Russell, 2076 Brighton St., Victoria; Vice-Pres., Mrs. V. Tams, Box 249, Courtenay; Sec.-Treas., Mrs. D. M. Dafoe, 1806 Oak Bay Ave., Vic.; *Councillors*, Mrs. Russell; Mrs. O. Bell, Fanny Bay; Mrs. M. Langlois, Box 160, Duncan; *Chapter Pres.: Victoria*, Miss J. Jamieson; *Nanaimo*, Mrs. J. Field; *Alberni Valley*, Miss M. Dunbar; *Cowichan*, Mrs. A. R. Mann, Jr.; *Chemainus*, Mrs. B. Bennett; *Plateau*, Miss K. E. Robinson.

Victoria Chapter, R.N.A.B.C.

Past Pres., Mrs. R. Brown; Pres., Miss J. E. Jamieson; Vice-Pres., Misses J. Harris, E. Riddell; Rec. Sec., Miss M. Coutts; Corr. Sec., Miss M. Smith, 1507 Athlone Dr.; Treas., Miss E. Dunne, 1300 Pandora Ave.; *Committee Conveners: Program*, Miss I. Tuck; *Membership*, Mrs. J. Mann; *Reps.* to: *Institutional Nursing*, Miss M. E. Munroe; *Private Duty*, Mrs. T. Randall; *Public Health*, Miss M. Williams; *Office Nursing*, Mrs. J. H. Russell; *Press*, Mrs. Mann; *The Cdn. Nurse*, Miss L. Foster.

East Kootenay District

Fernie Chapter, R.N.A.B.C.

Pres., Mrs. M. Haile; Vice-Pres., Miss E. Jordan; Sec. and *Press Rep.*, Mrs. M. Arbuckle; Treas., and *Canadian Nurse Rep.*, Miss Myra E. Young, Box 1060, Fernie; *Committees: Visiting*, Mmes L. Hogan, Citra; *Entertainment*, Misses M. Saunders, D. Vosburgh, Mrs. M. East.

Kamloops-Okanagan District

Pres., Mrs. Elsie Ransom, 255 Seymour St. W., Kamloops; Sec.-Treas., Miss Elizabeth Stewart, 635 Nicola St., Kamloops; Vice-Pres., Miss Bernice Donaldson, Royal Inland Hosp., Kamloops.

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QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec, Incorporated February 14, 1920.

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Saskatchewan Registered Nurses' Association (Incorporated 1917)

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A.A., Brantford General Hospital

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A.A., Brockville General Hospital

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A.A., Ontario Hospital, Brockville

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A.A., Public General Hospital, Chatham

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A.A., St. Joseph's Hospital, Chatham

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A.A., Hotel Dieu Hospital, Cornwall

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A.A., St. Joseph's Hospital, Guelph

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A.A., St. Michael's Hospital, Toronto

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A.A., Toronto General Hospital

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A.A., Toronto Western Hospital

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